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# THE JOURNAL

OF THE  
Kansas Medical Society.

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## INDEX

TO

VOLUME VI

JANUARY-DECEMBER,

1906

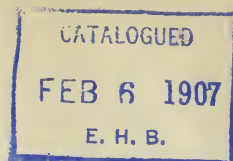
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ASSISTED BY  
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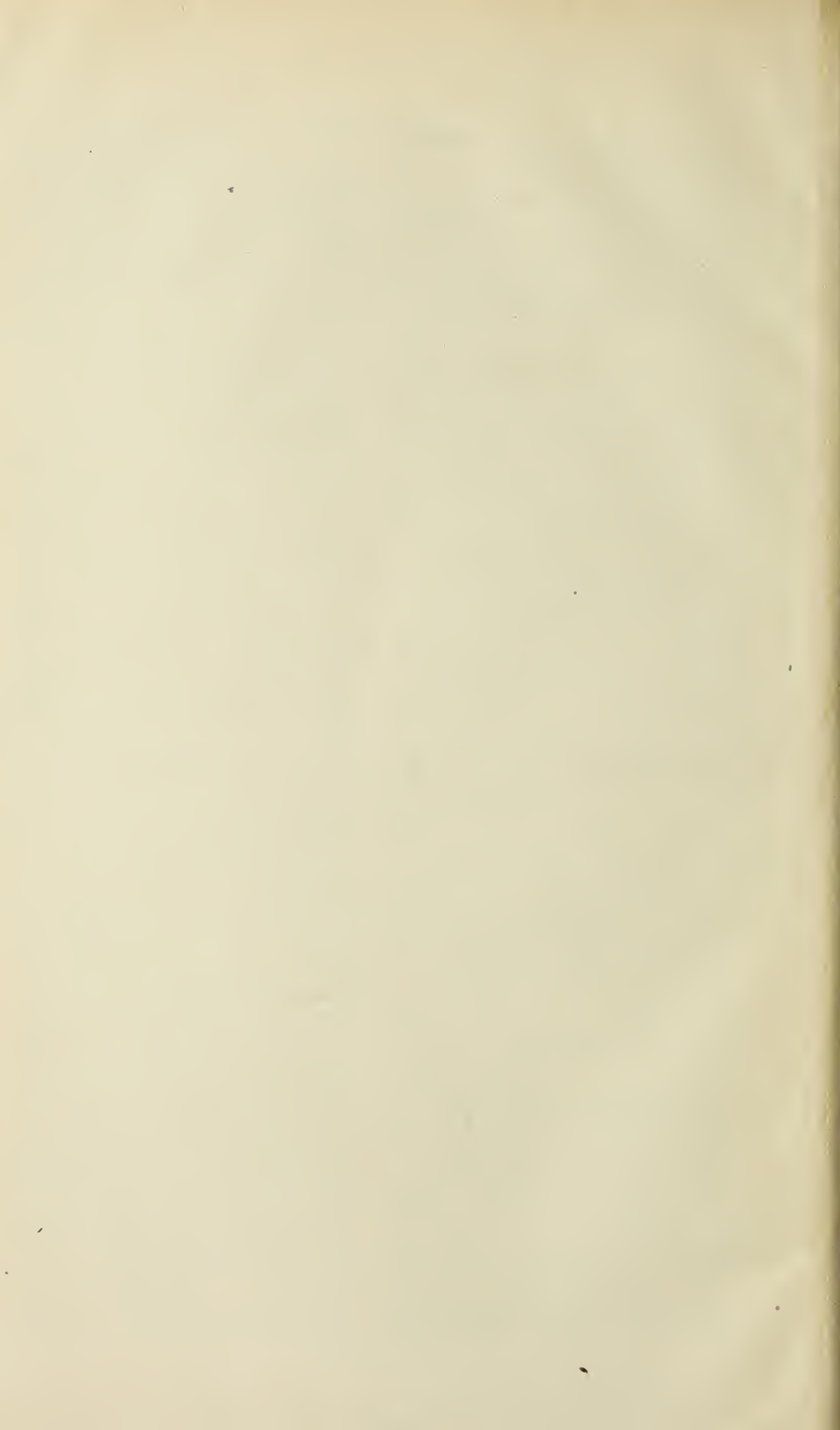
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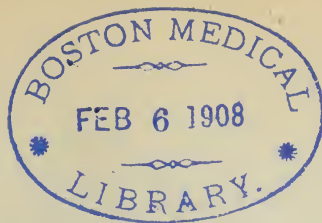


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# The Journal

OF

The Kansas Medical Society

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Volume VI

January 1, 1906

Number 1

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**Boston, June 4.** We are anxious to learn who plans to go to Boston next June. It is well for every one to get out of the ruts and brush off the moss accumulated during these years of strict attention to practice, brush up against the leaders of the profession at these annual gatherings. No man can live unto himself in these days—and the onward rush of medical knowledge demands more frequent visits to the centers of work and research. Drop us a card if you are going and will join our Boston party.

**Programs for County Societies.**—The value of the work of the county societies would be greatly enhanced if these societies would learn from the woman's clubs the value of systematized courses of study. The county society should be the postgraduate school. Its works should therefore be as systematic as possible. A winter spent on "The Action of Drugs," would not be valueless. Similarly "The Diseases of Metabolism," would form a basis for several months of consecutive studies. By assigning detailed investigation to individuals, much valuable material would be made available and our work would lose its heterogeneity. We shall observe with interest the next programs sent in.

**The Councilor's Bulletin.**—is the title of a new bimonthly publication issued by the American Medical Association for the first time on November 1. It is to be distributed to all the active officers of the state societies in order to unify their work and incite them to greater achievements. The first issue contains some 32 pages of the size of this Journal on good paper and with attractive typography. It credits Kansas with 51 county societies out of a possible 105. It does not give the number of members in our society, but states the number of physicians in the state at 2458. We learn also that the following states have association journals: Arkansas, Illinois, Kentucky, Kansas, Michigan, Missouri, New York, New

Jersey, Ohio, Texas, California, Colorado, New Mexico, South Carolina. (By the way, please study the constitution of the Association of State Medical Journals given in another column. It is for us to say whether we shall join in the movement.) We welcome the Bulletin and wish its editors success. The publication is needed and will do good even in Kansas where there has always been manifested a desire to be in the van of progress, where nevertheless our councilors find it disheartening work to keep their county societies always cheery. They find it hard, too, to leave their home work and lucrative office practice and get out by unpleasant railway travel and still more unpleasant hotel accommodations to stir up men who would prefer to be left alone to meander on according to their own sweet wills. Just as modern medicine is a comparatively new conception, so is the modern practitioner still unused to his duties—and is quite apt to relapse into his old conception of himself, as a pill-peddler and coin collector. So the Bulletin is needed to stir up all, from councilor to president.

The *Missouri Pacific Folder* for October 1, 1905, seems to be a specially good medium for advertising private lying-in hospitals. We give below reproductions of some of these advertisements. Would it not be well to tell the Missouri Pacific people that they are violating good taste if not morality in printing such matter?

## **DR. B. HOLLER,**

3515 CHOUTEAU AVENUE,  
ST. LOUIS, MO.

Twenty-five years of exclusive practice with perfect success. I invite correspondence or personal call for terms. All cases given perfect seclusion and privacy.

**DR. BESSIE HOLLER,**

Phone, Bell, Grand 112-A. Registered Physician.

## **CONFIDENTIAL**

Established at present location for the past eight years. References upon application. Strictly under the care of registered physicians. My Sanitarium devoted exclusively to the diseases of women and children. Write for terms.

Phones: Kinloch, D 1438. Bell, Bomont 645 A.

**MRS. DR. SMITH,**

3043 Easton Avenue.

St. Louis, Mo

## **South Side Sanitarium.**

A private home, with comforts that insure complete recovery. Trained nurses, registered physicians, hygienic surroundings. Twenty years of practical experience with all the latest knowledge of medical attainments. Take Tower Grove or Compton Cars. Write or call in person for full particulars. Phone, Sidney 187 M.

2816 Accomac Street. ST. LOUIS, MO.

## **BR. BRIDGE'S SANITARIUM**

Located in the finest nearby suburb of St. Louis. Highly recommended for its hygienic construction and privacy. For terms and full particulars, call or write. All correspondence strictly confidential.

**MRS. DR. BRIDGES (IN CHARGE)**

3505 Laclede Avenue,

Phone, Bell, Lindell 95.

St. Louis, Mo.

**Secret Formulae**—We print below the views of two of our councilors on the matter of using "proprietary" remedies. These expressions were called forth by the discussion in the meeting of the Council on October 26, 1905.

DR. W. H. GRAVES: I hardly know what to say on the subject of advertising proprietary remedies. I have sinned in using such remedies, as most of us probably have. I propose hereafter to use only remedies the constituents of which are known and I believe that the Journal should discard ads of all remedies the formulae of which are not known. There are some of those whose formulae are known which ought to be refused advertising space, but certainly the physicians of Kansas ought not to put themselves in the humiliating position of using some so-called remedy just because somebody calling himself a manufacturing pharmacist wants to sell it to him. The fact is, a good many of these gentry seem to look upon the medical man as a "good thing." They make his medicines for him and condescendingly explain to him how he should use them. I remember an interesting experience of last winter. A busy red-faced man brought a big grip into my office and took out a considerable variety of samples which he presented to me with an astonishingly fluent description of their therapeutic actions. Polysyllabic chemical and physiologic terms dropped from his nimble tongue with frightful rapidity. He had me "going south" I didn't understand a fourth of them. But I plucked up my courage and asked him a few questions. Then I found that he didn't understand them either. He had simply memorized a description and was repeating it. I was not busy, and I gave him all the time he could use. The man's superb condescension was really funny as he opened the door to take his departure after a splendid eulogy of his House, Wyeth, and Bro., Philadelphia, he turned and said: "If there's anything you want to know, Doctor, just write to the House, and they'll tell you." I suppose I ought to have written to the House, for there are lots of things I want to know, but I haven't.

Here's this antikamnia ad. I was walking down the street one day when I overtook a friend who pulled a little box of antikamnia tablets from his pocket. The proprietors had sent them with their compliments upon their own initiative for the relief of headache, neuralgia, etc., and without a word of warning as to the dangerous nature of the compound. I have no doubt that a larger percentage of, if not the entire, increase in deaths from heart diseases noticeable of recent years is directly attributable to these and other "headache" tablets. You have all doubtless seen as I have, people in a deplorable state of collapse, from the use of some such "remedy," sold freely as candy to whoever had the price. As guardians of the public health we ought to stop these outrages, and the first step probably should be to drop from the Journal the advertisements of people who are so freely distributing these dangerous drugs.

As an example of how some of these people try to work the profession and the medical journals, let me relate an experience. When Dr.

Purves and I were conducting the Wichita Medical Journal we made a contract with the Viskolein Co. They wanted some clinical reports and I told them that our hospital connections would probably enable us to give them some reports, but declined to put into the contract that they should have reading notices, stating that we did not sell space for reading notices, that we would give space to a reasonable amount for reading notices in worthy cases, but must be free to be ourselves the judge of the matter that should go in. Our contract was mutilated by those people after we had signed it, and when we sent in the bill for the third quarter it was not paid, because of the noninsertion of original clinical reports. Our use of the remedy had not given favorable results, and had not been inserted. When brought face to face with their mutilations of the contract, and the threat to insert the unfavorable result of the use of their compound, they capitulated and paid the bill. These gentlemen certainly looked on us as a "good thing."

DR. ALKIRE: The subject introduced by Dr. Hoxie, should patent or proprietary medicines be advertised in the Journal, is an important question, one which deserves our attention. I am pleased to have the editor of the JOURNAL show that he is interested in this question. I agree with the gentlemen who have expressed themselves as being opposed to advertising patent medicines in reputable medical journals.

Concerning patent medicines I believe all honorable members of our profession will agree that physicians should not recommend or prescribe a medicine which has been prepared according to a secret formula. A majority will, I believe, go further and say—He who does recommend or prescribe a secret nostrum is either a fool or a knave. The editor who gives space to such advertising is permitting his desire for money to cheapen his journal and lessen his influence for good. He also makes himself a party to any deception practiced by the person whose nostrum he advertises.

Regarding proprietary medicines, it is different. The formula for these preparations are not secret. Purity of ingredients used, and elegance of the preparations are the predominating properties claimed for them, excellent virtues, when they exist.

In this age of polypharmacy when so many manufacturers of proprietary medicines are resorting to every known means of advertising to create a demand for their merchandise, it becomes necessary for the physician to guard well his good reputation by disregarding all advertising of medicines, including essays and reports of cases by the hired tool of the manufacturer or the professional brother whose motive is right but method of investigation not so thorough as it should be, to be of value. What the profession needs, is, more scientific investigators who are in search of truth rather than gold.



There is another side of this question especially important to the druggist. If the doctor prescribes every new compound the druggist must add to his stock and as fast as newer compounds appear the doctor discontinues the use of the former ones, thus leaving the druggist with hundreds of dollars tied up in dead stock. It also tends to retard or displace the druggist's art of compounding.

**Conduct Unbecoming an Officer and Gentleman.**—The army or navy dismisses from its service—or at least severely reprimands—any officer guilty of conduct unbecoming a gentleman. That is, the standard is placed at what is “gentlemanly.” Why should not this apply to our profession also? This standard must of course vary from time to time and from place to place, but we believe that the standard is constantly rising. Thus the tobacco spitting, horsey “doctor” is becoming a thing of the past, and the modern type of physician is the clean, quiet and earnest student. He is not so much a “mixer” as he is a conservative and perhaps reserved gentleman. The boisterous banquet of the medical society is distasteful to him—as are the smutty jokes of the street corners. Therefore we ought now to consider the question of alcoholism; for aside from the fact that the use of alcoholic drinks is not becoming to a gentleman, it also unfits a physician to perform well his duties. The clearness of intellect, the ability to reason logically, and the unbiased outlook on life are all faculties which are destroyed under the influence of alcohol. Therefore we sympathise with the physician who presents the following charges against an official of his own society and print them here in order to elicit an expression of opinion from our readers on the subject:

DEAR DOCTOR: The President of the——County Medical Society of Kansas, at the last meeting of said society, made his appearance in such a state of inebriation that he could not officiate and left his chair and the meeting in a drunken condition to the shame and disgrace of himself and the profession.

The question that I desire you to answer, is: What can be done under the law to save our profession from the constant disgrace of such conduct of an officer of its organization? Surely there must be some just and effectual remedy on the ethic principle. The time is at hand, and especially in the State of Kansas, when we as an educated and cultured profession must above all else demand sobriety from each and every one of our members, for when this sociologic factor is wanting, it certainly must disqualify for the responsibility which obtains in the duties of our calling.

I write this with no other sentiment but for the great good of our profession and its just and wholesome influence for the welfare of humanity. To this end, I pray for your official co-operation in accordance with the duties of your position as Managing Editor of the Kansas Medical Journal..

Fraternally,

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In response to our request for more specific charges, we have received the following copy of the official complaint.

The undersigned members in good standing of said society having been informed and verily believing the matters hereinafter set forth, and with the sole and only view and purpose of maintaining the good name and standing of said society and its members in the eyes of the medical profession and the public generally; all kindly and expedient efforts in a spirit of fellowship and fraternity, in the interest of the reformation of the person hereinafter accused having proven unavailing, charge and say:

FIRST: That ———, M. D., a member of said society, on or about the second day of November, 1905, then and there being president of said ——— County Medical Society and presiding in that capacity over the deliberation of said society at a regular meeting thereof on said date, entered and remained in said meeting in an intoxicated condition which said intoxicated condition so seriously impaired the faculties of said ———, M. D. that he was unable to and did not continue to preside over said meeting, or conduct himself naturally and properly and was obliged before said meeting adjourned to leave the place of said meeting because of his said intoxicated condition to the humiliation and disgrace of himself, his friends, and the members of said society.

SECOND: That said ———, M. D., on or about the 27th day of October, or during the last week of October, 1905, then and there being a member and president of the ——— County Medical Society of Kansas, and while engaged in professional business, to wit: that of making a professional call at the house of one Mr. ——— south of and near the village of ———, County Kansas, was then and there in an intoxicated condition which said intoxication condition so seriously impaired his mind and body that he walked in a stumbling and staggering manner and rendered him unfit and unable to intelligently and properly attend to professional duty, and caused him to become the common talk of the community to the disgrace of the said society and the medical profession.

THIRD: That the said ———, M. D., on or about the 7th day of December, 1905, then and there being a member and president of said ——— County Medical Society of Kansas, and presiding in that capacity over the deliberations of said society at its regular annual meeting of said date, entered and remained in said meeting in an intoxicated condition which said intoxicated condition so seriously impaired the faculties of said ———, M. D., that he was unable to and did not preside over said meeting in a natural and proper manner, to the humiliation of each and every member present and the disgrace of himself, the said society and medical profession, even in the presence of the two distinguished visitors who honored the said society with their presence at said meeting, viz: Dr. Jos. W. Edwards, of Mendota, Ills. and Dr. J. E. Sawtell, of Kansas City, Mo.

FOURTH: That for the last two or more years the said ———, M. D. has been and is now addicted to the liquor habit to such an extent that he frequently becomes so intoxicated as to unfit him for the transaction of professional business which said habit is so pronounced as to call forth the comment and discussion of the public generally to the shame and humiliation of said ——— County Medical Society and the medical profession.

Wherefore your informants ask that these charges be investigated by the Board of Censors of this society and report to the said ——— County Medical Society.

We have no personal acquaintance with the man charged with al-

coholism in the above affidavit and do not know whether the charges can be substantiated or not. Therefore we have omitted names and places. We hope that the publication of this incident will bring out from our membership a statement as to whether the medical profession of our state has reached that stage of evolution where it will not tolerate alcoholism or similar disease in its ranks. We hope, if the charges be substantiated, that the physician against whom the charges are brought will be wise enough to recognize the disease as a disease and take a course of treatment in one of our excellent sanatoriums.

**American Medical Directory.**—It is important that we Kansans send full information at once to the American Medical Association, 103 Dearborn Ave., Chicago, regarding ourselves, if we wish to be correctly listed in the new Association Directory. This directory is by, of and for us physicians. We should therefore take whatever trouble is necessary to help it along. Each man must fill out his own biography and he cannot blame his colleagues if he be misrepresented. It might be well, however, for each man to jog his neighbor's memory on the subject and ask him if he has sent in his slips.

**Doctors and Politics.**—Those who read the article in our December issue relative to the political representation of the profession will appreciate the following from the Texas Journal of the Texas Association:

**Doctors in the Legislature.**—It is the duty of the medical profession to be represented in the State Legislature. Legal interests are guarded by members of the bar. Public health interests must be advocated on the floor by those most interested and best informed. Expensive lobbies are neither dignified, efficient or financially practical. In the past, the few champions have often been zealous and untiring, but a fuller representation in the Thirtieth Legislature is important. Selected physicians must run for office, and be encouraged and supported in their race.

The state of Alabama offers an illustrious example of what the medical profession can in this way do for the people. In 1869 Dr. Jerome Cochran, alive to the needs of the profession and people, left his business and labored to establish county societies. At the end of three and a half years each county contained a society, enrolling 95 per cent of the doctors of the state. Word was passed around at election time, and the following assembly had almost a majority of physicians on the floor. Dr. Cochran headed his host as a state senator. At that session laws were passed that made the organized profession as much a part of the state government as the legislature and judicial branches. It was composed of a committee of the state society and embraced in its duties those of the board of medical examiners. Committees from county societies formed county boards of health. Since then no doctors have been recognized in Alabama, save those practicing scientific medicine. No medical legislation has ever been introduced except with the endorsement of the Medical Association of the State of Alabama. In no state in the union are the people so well protected by legal enactment and hygienic regulations.

## SCORBUTUS.\*

J. E. HUNT, M. D.

Atchison, Kansas.

Like the White Plague and Lues, scurvy seems to have always been with us; for as far back as Hippocrates we find unmistakable description of this and in later time Pliny tells of the disease as it appeared in the armies of Caesar and Gallus. Modern history also is full of accounts of its ravages; Napoleon in Egypt lost many a valiant man; and in our times and amongst our own armies large numbers were affected, but the death rate as compared to earlier time was much less owing to our more thorough understanding of the disease and consequently more intelligent treatment of the same.

Yet, even now, knowing as we do its etiology, it is still not at all uncommon. However, this was not the case years ago, for during those times, sailors on slow going sailing vessels; whaling expeditions; soldiers on the frontier and the like were commonly affected. Indeed any occupation or mode of living that interfered in any way with reasonable hygienic laws makes scurvy possible; so that no country or class became scorbutic, but instead the disease came to be known as a general and widely scattered one. Epidemics of the disease have been reported, the winter being the most favorable period for such an occurrence, for at such time great dependence is made on canned and salted foods.

Etiologically—Scurvy is a disease dependent upon diet and occupation, in the case of the young altogether on the diet. Unsanitary conditions of course greatly aggravate it. Various theories in the past have been offered as to what the exact cause of the disease might be, but now it seems to be clearly demonstrated that its presence is dependent upon the lack of potassium salts contained in fresh meats and vegetables, and with this lack certain changes are made possible in the blood; in fact it seems to be an acid intoxication resulting in a secondary anaemia identical with that resulting from hemorrhage; lessening of the coagulability of the blood and an actual decrease in the haemoglobin. The other physical conditions of which we are familiar are simply depending upon the blood in its altered form. Some observers consider the disease to be one of ptomain poisoning due to the ingestion of foods which have undergone putrefactive changes. However, this latter theory would seem best to be considered as a corollary to the other. Scurvy has never been con-

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\*Read before the First District Society at Leavenworth, October 12, 1905.



sidered contagious and no micro-organism has been found to be in any way connected with it as a direct causative factor.

In the case of infants and young children, the disease is found much more often amongst the well to do, strange as this may seem. The reason being that amongst this class the majority of mothers can not or will not nurse their infants and as a result they are put on an artificial diet which may be lacking in certain of the essential salts. Or as seems to be the case in many instances, the food during its preparation is partially, or wholly sterilized, thus destroying elements whose loss the infant will sooner or later feel. In the case which I am about to report neither of these causes was operative for the child, a boy three months old, had always been nursed, nothing having been given besides, the fault lying with the mother and her milk. But generally speaking it is the breast-fed infant that escapes. Of course in older children its causative factors would be about the same as with adults. Before going into a discussion of the symptoms of the disease, I will give the history of the case which came under my care last October.

A boy, three months old was brought into my office by its parents, almost the first thing the father said was, "He cries every time we touch him and he can't move his legs." Going into the history more fully, I found that the child was nursing, but of late seemed not to be satisfied, that it did not seem to gain in weight, although its head and legs were large; that it was very restless, cried a great deal; did not like to be moved. Its mother said its bowels were very irregular, loose one day, then constipated the next, and its napkins were stained red every time it micturated. The child's mouth was also "sore" the gums swollen as if teeth were coming through and the breath foul. The parents were apparently healthy although the father had had specific urethritis about the time the present child had been conceived, whether or not the wife had been infected could not well be determined. As to a luetic history in either parent I was unable to determine, both denying it and with no visible evidence. The examination of the child showed a rather large well developed body, head large, anterior fontanells prominent, scalp quite free from hair and at the cervico-occipital junction were a number of dark colored oedematous areas which seemed to be quite sensitive. The whole buccal cavity was congested and covered with fine vesicles, the gums swollen and sensitive. The general appearance of the child was one of extreme pallor. The elbows were slightly swollen, but sensitive when moved or touched; there was no rosary. As the child lay uncovered the legs appeared well developed and assumed a rather peculiar position in that they were slightly flexed at the knees, the feet everted, with apparent disinclination to movements of any sort. The tissue about the knees seemed tense and full. Upon examination the knees were boggy and very sensitive, the child crying upon the slightest touch, although there was no apparent ecchymosis, yet the swelling seemed to be just above the joint rather than in it. There was no muscular atrophy. The temperature was normal; pulse about a hundred, of low tension. The abdomen being somewhat more prominent than is usual, I found the spleen enlarged, extending to the crest of the ilium and about four cm. to the right of the median line; the edge was sharp, did not seem particularly sensitive to palpation.

My diagnosis in this case as has already been stated was scurvy based upon the restlessness, crying when moved, swollen sensitive joints, spongy gums, haematuria, and extreme pallor which seemed to be an evidence of anaemia. The enlargement of the spleen I could not account for, as Barlow in his report of thirty one cases does not mention it as having existed. However, it may have been due to the blood changes or perhaps an evidence of a specific infection. The treatment was simple. I took the child from the breast, put it on beef juice and modified cow's milk without sterilization. I tried fruit juices but they were not retained so I gave them up and gave besides a drachm three times a day of a solution containing m 1-16 of Ol. Phosp. and 3 oz. of olive oil, with a result that by December the above symptoms were practically gone and I find a note dated April the 8th, "gaining in weight—has four teeth." Altogether it seemed to be what Osler describes at "A mild case with recovery."

To return to our discussion of the symptoms as they appear in the young there are a few points which will well bear emphasis. On looking up the literature I find that Barlow in his report, Holt in his and Osler all mention haematuria as a very constant and also early symptom. The cases I have seen in dispensary work and this one in private practice certainly bear out the statement of these men, so that it would seem, that given haematuria in a child without any other very definite symptoms, scurvy should be suspected and a change of diet would probably clear up the entire trouble.

Another condition which is very constant after the eruption of the teeth is gingivitis with frequent hemorrhage, particularly about the base of these teeth which have come through. However, if the disease appears before this time, the condition of the gums is greatly modified; about all that is usually seen is a slightly swollen, sensitive condition giving the impression that the teeth are about to break through; an active hemorrhage from these gums is rare.

The ecchymosis particularly about the knees and elbows varies greatly with the severity of the disease. As in the case reported, there was simply a distinctly oedematous condition without any visible extravasation of blood, this I find to be quite characteristic in the milder cases. Those of a severer nature present ecchymotic areas in various localities, with the knees and elbows as typical. However, this extravasation if examined carefully is found not to be in the joint itself, but in the sheaths and tissues just above and below them,—the mobility being subjective rather than objective.

The anaemia is a secondary (i. e., not an "essential" anaemia) one and sooner or later gives rise to a characteristic sallowness and in severe cases to a yellowish hue which seems to be quite characteristic. Still the



blood examination is unsatisfactory, no distinctly pathognomonic condition being present.

So, altogether the picture as it presents itself in our disease is quite distinct and consequently not easily mistaken for other maladies. However, there may arise a doubt as to whether we are dealing with scurvy or rickets, but if a careful examination into the bony system is made a mistake is hardly possible. As to purpura the history should be altogether differential.

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### INFANTILE SCURVY.\*

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Scurvy is defined by Thos. Barlow as "a disease which in adults is characterized by great anaemia, sallow, muddy complexion, extreme debility and proneness to syncope, sponginess of gums and ecchymoses in various parts of the body, but essentially in the lower limbs, in which also brauny indurations occur. It has a definite relation to the deprivation of fresh vegetables and is almost immediately ameliorated by their administration."

Up to the latter half of the last century scurvy frequently decimated whole armies and fleets and often proved terribly fatal to the civil population. Over 48 per cent suffered from scurvy with the British Arctic Expedition in 1875-76. Scurvy was very prevalent in Great Britain and Ireland when the potato crop failed in 1846. Twenty three thousand cases occurred among the French troops alone in the war of the Crimea; and in our late Civil war scurvy contributed 15 per cent to the death roll from diseases (2). Scurvy in adults has now, however, become a comparatively rare disease in almost all civilized countries. But as scurvy in adult life is now a rare disease it is on the increase in infants and children.

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"Infantile Scurvy," says Thos. Barlow, "is a disease which is characterized by marked anaemia and severe pains connected with the bones. Its chief anatomical feature is the extravasation of blood between the periosteum and the shaft of the bones of the lower limbs; during the predentition period the sub-periosteal region may be the exclusive site of haemorrhage, but after the eruption of the teeth extravasation in the gums occurs as in the scurvy of adults and children, though, as a rule, with less severity. That which distinguishes infantile scurvy from any other haemorrhagic disease is its immediate arrest as regards new manifestations, by the administration of fresh milk and the juice of fresh vegetables and fruits."

Formerly infantile scurvy was regarded as acute rickets. Some German physicians still contend this to be the case. In German literature there were published from 1859 onward many cases under the title of acute rickets which presented the type of infantile scurvy as we now have learned to know it. Stiebel, Senator, Steiner and Baginsky referred to this group of cases under the name of acute onset of rickets, although the possibility of infantile scurvy was not entirely ignored by these writers. This question, however, should be settled conclusively, since we know that these cases so readily respond to the anti-scorbutic diet of fresh milk and the juices of fresh fruits and vegetables and of raw meat and blood.

In rickets you never have subperiosteal hemorrhagic extravasations, a statement verified by post mortem examinations. You will also find that the bone lesions in infantile scurvy are of the same character as those which have been described in undoubted cases of scurvy in adults. Barlow points out a most interesting fact that Poupert, a French surgeon, as far back as 1699, in making some dissections of patients who had died from scurvy, described a light grating of bones in the limbs when they were moved, and that he had found in these cases the epiphyses separated from their shafts. Barlow goes on to say that Poupert had found that patients under 18 years of age were especially liable to have their epiphyses separated in scurvy and the cartilages with the sternum disconnected from the ribs<sup>(4)</sup>. This is what we now find in cases of infantile scurvy, which we recognize to be the same disease as scurvy in adults.

Again the antecedent conditions of infantile scurvy are parallel with those under which scurvy in adults occurs. There is conclusive proof that prolonged deprivation of fresh vegetables and fruits and of living foods is the most prevalent cause in adult scurvy. That these constitute also the most constant antecedent in infantile scurvy can no more be questioned.

Infantile scurvy, as far as is known, was first recognized and described by a Danish physician, Dr. Ingerslew. This was in 1873 and was reported in Virchow's Jahresbericht of the same year.

Before 1882 the English medical literature, bearing on the so-called acute rickets, was very limited. Some of the most interesting material

on this subject has been furnished by American physicians. The first case recognized with us was in 1889 and was recorded by Northrup. By 1894 no less than 106 cases were reported to the New York Academy of Medicine by Starr, Holt, Rotch and others. In America this disease has been decidedly more common during the last 15 years than previously and this corresponds to the greatly extended use of proprietary infant's foods. It seems that infantile scurvy is increasing in frequency in proportion to the increase of the use of those preparations.

#### AETIOLOGY.

As to the cause of infantile scurvy three theories are advanced:

1. It is claimed that infantile scurvy in the causation is due to the absence of certain ingredients in the food which is administered, and that these ingredients are supplied by fresh raw milk, fresh vegetables, fresh fruits and other living foods. What these constituents are has not yet been definitely determined.
2. Scurvy in infants is believed to be the result of some toxic material in certain foods, of some unknown organic poison which is the product of decomposition.
3. It is urged that the disease is caused by a specific micro-organism as yet unknown.

Struempell is inclined to the theory that some organic infective poison is the origin not only of scurvy but of all allied hemorrhagic diseases.

There are many things which seem to predispose to infantile scurvy, as lack of sunshine, cold, exhaustion. But, on the whole, faulty hygienic surroundings play a very small role in its causation, as is proven by the fact that many more cases of moderate severity are found among the children of the rich than among the impoverished; although the disease is recognized in all ranks of life. If the cause of infantile scurvy is an infective product or a micro-organism we should expect it to be otherwise. The well-to-do mother feeds her child the prepared foods and sterilized or pasteurized milk, the poor woman finds such luxuries beyond her means, and her hand fed child is nourished on fresh cow's milk and very soon on potatoes, fresh fruits and what she can afford to give it from her table.

There seems to be conclusive proof that the prime factor in the causation of infantile scurvy is the prolonged deprivation of mother's milk or fresh cow's milk. In the matter of food Thos. Barlow says that, at the time of the onset of the symptoms of this disease, in no single undoubted case had the child been breast fed.<sup>(5.)</sup> H. Neumann of Berlin claims that every case reported in Germany had been fed either on patent foods or sterilized milk, and he reports 27 of his own cases and 7 cases of other physicians, in which the patients all had been fed on dried patent foods

or on sterilized and peptonized milk.<sup>(6.)</sup> Sixteen cases have been treated by J. P. Crozer Griffith of Philadelphia. Two of these had been nourished on largely diluted sterilized milk and 14 on proprietary foods and sterilized milk.<sup>(7.)</sup> Salge gives a case fed on Malt Extract and sterilized milk, which he holds responsible for the disease, and Cassel of Berlin reports 16 cases from 7 to 21 months old wherein all the patients had been nourished either on prepared infant's food or on diluted milk that was kept at a heat near the boiling point from 30 to 60 minutes.<sup>(8.)</sup> Eighty cases of infantile scurvy have been observed by O. Heubner of Berlin, all belonging to the well-to-do. Sterilized or pasteurized milk or prepared infants food had been used as a nourishment in every case.<sup>(9.)</sup> Fraenkel reports 5 cases and Conitzer one case, attributing the cause of the disease in each case to artificial feeding.<sup>(10.)</sup> The American Paediatric society in 1898 report in their collective investigation 379 cases of infantile scurvy. In this report are first mentioned as a cause of this disease the proprietary foods. Ninety per cent of this collective number were not breast fed.<sup>(11.)</sup> E. M. Sill in writing on the causes of rickets and scurvy reports 179 consecutive cases in which he had found unmistakable signs of rickets and scurvy, and goes on to say that 97 per cent of these had been fed during a period of from 3 to 18 months on sterilized and pasteurized milk.<sup>(12)</sup> I have here brought to your attention 711 cases of infantile scurvy. Adding to this number 17 cases of my own, every one of which was fed on proprietary food or peptonized or sterilized milk or both, we have 728 cases of infantile scurvy. Of this collective number 94 per cent were nourished on proprietary foods and sterilized or peptonized or condensed milk.

This fact speaks more forcibly than all theories in the matter concerning the cause of infantile scurvy. I do not wish to say that these materials in the line of food are the direct cause of this disease. Although there is a possibility that, by prolonged heat and long storage, a product is chemically developed which, under certain conditions, will produce scurvy. I believe, however, that the cause is a negative one, that by this process of preparation and by long storage ingredients in the food are destroyed which are positively necessary in the normal development of the child and that prolonged deprivation of these ingredients will produce a scorbutic condition. If we would remove the cause of this malady we must stop the use of proprietary foods and of cow's milk which had been under prolonged heat and return to the use of clean, fresh cow's milk, whenever breast feeding is not possible.

#### PROPHYLAXIS.

It is now practically conceded by almost all authorities on infant feeding that, in the absence of proper breastmilk, some modification of animal



milk should be used as a substitute and that fresh cow's milk should form the basis of all infant feeding. It is further conceded that clean, fresh raw cow's milk is better than sterilized and cooked milk for infant feeding. It is gratifying to see that authorities on this subject are almost unanimously of the opinion that prolonged sterilization and cooking of milk is injurious to the health of the child and that raw milk can be prescribed with safety. E. M. Sill of New York comes to the conclusion that cow's milk is generally acknowledged to be the best substitute for mother's milk, when properly prepared and that it is not bettered by sterilization or pasteurization; and he believes that on the contrary this treatment makes in the direct cause of rickets and scurvy in children.<sup>(13.)</sup> Andrew H. Whitridge of Baltimore holds similar views on this subject and claims that, although specialists may differ as to percentages and preparations, and other matters of detail, yet they do not differ as to cow's milk being the practical copy of breast milk.<sup>(14.)</sup>

Let me say in this connection that the minute percentages in milk modifications which have been so troublesome to the physician are not absolutely essential in infant feeding and that the longer you keep the milk at or near the boiling point the more you prepare it as a medium for the production of scurvy. For the last 10 years I have been prescribing fresh cow's milk, raw and properly modified, and in cases where it is contraindicated by indigestion I direct that it be heated and removed from heat as soon as it is brought to the boiling point and prepared for use at once. Neumann, Cassel and others recommend this procedure in infant feeding. Thos. Palmer of Chicago, Director of the Trinity Diet Kitchen of infants, says on this subject: "When it is known that sterilized milk is more or less injurious, when it is known that pure milk can be secured by proper attention to the dairy, certainly the basis of infant feeding is established. That basis is raw milk."<sup>(15.)</sup> No lesser authority than Jacobi, calling the attention of physicians to the marked variation of the milk in the healthy mother, from day to day, and from morning till evening, says that, if the slight variations and changes in the modified milk were as dangerous as they were made out to be, there would not be one living child in all creation, and that clean milk was far more important than any amount of modification.<sup>(16.)</sup>

Under the age of 5 months scurvy is very rarely met with. The most common incidence is between the seventh and twenty first months of life. It is very rare in children over three years old as they are, at that age, usually fed a variety of living food.

#### SYMPTOMS.

In a typical case of infantile scurvy the first symptoms noticed are in the lower extremities. The child becomes restless, begins to cry when

moved, especially when being bathed. It seems to have pain when touched, chiefly in the lower portion of the thigh. Very soon a slight swelling is noticed, first in one and then in the other thigh. The color of the skin over these swellings is not altered nor is there any local heat or redness. If the child had already learned to stand on his feet and walk, he will no longer make an attempt to do so. He lies on his back with his lower limbs flexed and still. Soon extreme weakness in the spine is recognized and the child seems to have lost the power to move his legs. The mother or nurse, and often the physician, believes that the child is paralyzed. The upper extremities, the scapulæ, and the ribs with the sternum may be involved. These symptoms are, however, less marked than those of the lower limbs and in many cases are entirely absent. After the dentition period the gums assume a bluish hue, become spongy and swollen, are painful upon touch, and have a tendency to bleed. In severe cases the gums are more or less ulcerated. Other parts of the mouth are prone to ulceration and a very offensive odor is present. In the predentition period there is nothing characteristic in the gums and mouth; which condition may delay the diagnosis of the real nature of the disease. In the predentition period, however, there is puffiness of the gums where teeth are about to appear.

Certain other local and general symptoms are not infrequent, though less characteristic than hæmorrhages and alterations in the gums and mouth. The chief symptom among the general disturbances is scorbutic anaemia. Emaciation is not characteristic. Appetite and digestion may be good, feeding, however, may be difficult in severe cases of stomatitis. Heart and lungs may be normal. The spleen is at times enlarged. Subperiosteal hæmorrhage around the bones of the lower limbs is not uncommon, with purple spots and bruise-like stains under the skin. In some cases where this bluish discoloration of the skin in the lower limbs is absent you may cause it to appear by gentle and continued pressure. You may have hæmorrhage in advanced cases into the lungs and pleura, into the stomach and intestines. One of my patients, to whom I will refer later in this paper, died in consequence of such hæmorrhages. There may be epistaxis, bleeding into the eyelids and into the orbit which later will cause protrusion of the eyeballs and sometimes may give the appearance of strabismus. There may be blood in the urine and albuminuria.

The bones are extremely brittle and prone to fracture especially at their epiphyses. Sometimes the epiphyses appear to be disconnected from the shafts. In advanced cases you may observe the sternum being separated from the adjacent costal cartilages of a portion of the contiguous ribs.

The temperature is very irregular. It may be normal; in aggravated cases it may be raised, but it is rarely above 101 or 102 degrees.



## DIAGNOSIS

In the preceding description I have given you the clinical history of a typical case of infantile scurvy where the diagnosis is comparatively easy. There is no other disease where you have the ecchymosis, the discoloration and pain in the lower limbs without redness and heat and with pseudo-paralysis and with the pathognomonic lesions in the gums and mouth. But instead of this entire group of phenomena you very often have but a few or even only a single symptom in a given case which may make it extremely difficult to arrive at a proper diagnosis.

In **rhachitis** you have the bone symptoms, the anaemia, but not the pain, not the hemorrhagic lesions, nor the gum and mouth characteristics, nor the pseudo-paralysis of the lower extremities.

Infantile scurvy ought not to be mistaken for **acute rheumatism**. In this you have a high temperature, the swollen, red, hot, tense and tender joints which are very painful upon the slightest pressure; these are all symptoms that are absent in scurvy. In rheumatism on the other hand you have the absence of the swollen, spongy and bleeding gums.

**Congenital lues** can be excluded by the history of a given case and by the absence of syphilitic lesions on the skin and mucous membrane. In congenital syphilis you never have a history of severe pain and the pseudo-paralysis is limited nearly always to the upper limbs. We also notice here no morbid organic changes in the gums.

Hæmaturia may be the only symptom in infantile scurvy, and the case might be mistaken for one of acute **nephritis** or nephritic sarcoma. In acute nephritis, however, you have scanty urine, dropsy, a dry skin, and frequently convulsions. E. Netter of Berlin reports 11 cases every one of which manifested no other pathological symptom than hæmaturia. they all had been fed on artificial foods and sterilized milk. This food, in every instance, was replaced by fresh cow's milk, orange juice and riced potatoes. Recovery took place in each case within from one to four weeks.

(17.) Cassel gives two cases in which hæmaturia was the only symptom. Both children were well nourished, had no pain, no hemorrhage elsewhere and no bone-lesions. They were, however, pale and anaemic. The administration of fresh cow's milk relieved the pathological condition of the kidneys in a few days. (18.)

The following cases illustrate the care that should be exercised by the attending physician in order to make a correct diagnosis. Dr. Rotsch reports a case of an infant nine months old with a large swelling and hardness in both femora, making the differential diagnosis from osteo-sarcoma somewhat difficult. Orange juice was prescribed for the child and a complete recovery followed. (19.) A most interesting case is reported in the New York Medical Record of September 19, 1903. The patient was a

boy, 10 months old, who had been fed on proprietary foods. The right lower limb became tender, and swelling developed from the knee to the ankle. Within about 3 weeks 3 operations were performed for osteomyelitis. By this time the left leg was in a condition similar to the right when first seen. There was little or no benefit from the operations and the child grew steadily worse till seen by another physician. Orange juice was then prescribed and the condition of the child steadily improved.

A striking response to the antiscorbutic diet in infantile scurvy distinguishes this disease from all other diseases and especially from all other forms of hemorrhagic malady. In every questionable case of diagnosis this will relieve us of all doubt as to the nature of the disease.

#### TREATMENT.

There is rarely any other disease which so promptly responds to its proper treatment as does infantile scurvy. Since we know that it is due to a prolonged deprivation of fresh living food we are at once shown the way to its successful treatment. If you have a patient, between eight and twenty months old, having been fed for some time on patent foods and sterilized or condensed milk, suddenly taken sick with pain in his lower limbs and in the knees and hip joints, noticed only when certain rotary movements or extension of the flexed limbs are attempted, and if there is no heat in the parts, nor pain upon pressure, nor any rise of temperature, even in the absence of ecchymosis and of spongy and bleeding gums, and you are in doubt as to the diagnosis of your case, put the child on a treatment for scurvy, and in 48 to 60 hours the child will be comparatively well if you have a case of scorbutus.

It is most gratifying and interesting to notice the evolution of the symptoms in a given case of infantile scurvy by changing the scorbutic diet into an antiscorbutic diet and making no other changes. For example to a child, 8 or 10 months old, suffering from symptoms of scurvy, let there be given every 3 or 4 hours from 6 to 8 ounces of fresh cow's milk, undiluted and raw, in place of condensed or sterilized milk. Replace the proprietary food by sieved potatoes with the milk. During the day give in divided doses the juices of an orange or lemon, a tablespoonful of raw meat juice with several tablespoonfuls of boiled cabbage juice, mixed with water as required. It will be found that this food will not only be taken greedily, but also without any disturbance of digestion. The sponginess and the bleeding of the gums will be the first objective symptom to recede, and this within two to four days without any other treatment. The screaming and irritability of the child will very soon pass away and the pain subside. The child begins to rest and sleep, the tenderness of the lower extremities rapidly lessens and the swelling gradually goes down.

The child begins to sit up in bed and soon to move the lower limbs voluntarily. The anaemia improves and if there were any haemorrhages, they are arrested almost immediately. The progress of the disease is controlled and the little patient makes a speedy recovery. This is all the art there is to successful treatment in infantile scurvy.

Fresh air and sunshine, though they will not prevent the onset of infantile scurvy, may aid in its recovery, when the proper change in the diet has been made.

There is little use for drugs, unless there are complications that require the physician's attention. In marked anaemia iron, arsenic, and strychnine may be of service in the stage of convalescence. Local treatment of the gums by caustic is distinctly injurious.

Attention should be given to securing immobility of body and limbs. Splints are rarely needed, but small sandbags can be made use of to immobilize the lower extremities by placing them alongside of them. Baths and douches should not be given during the active stage of the disease. Sponging can be applied gently in the horizontal position. The less you move or disturb the child the better it will be for it.

#### ILLUSTRATIVE CASES.

To illustrate what I have said on infantile scurvy, I am pleased to report to you a few cases, every one of which presents a somewhat different type of the disease.

CASE I.—J. M. of K., is a male child 13 months old. He was handfed, and proprietary foods with sterilized milk constituted his nourishment, his parents being in good circumstances.

The little patient had been bedfast for over two months when I was consulted first. He was very restless and irritable. There was no elevation of temperature. Anaemia was pronounced but no emaciation. The upper extremities were not affected. The lower limbs had the appearance of his being paralyzed and, when extended or flexed, there was severe pain. The shafts were somewhat swollen, but no heat or redness was present, nor any pain upon pressure. The color of the skin was normal and no hemorrhage was manifested. The gums were swollen and would bleed upon pressure. The urine was free from blood and albumen. The antiscorbutic diet was prescribed as outlined above in conjunction with iron and arsenic. The bleeding of the gums almost immediately ceased and the swelling subsided. The pain soon left him and he could sleep well and move his lower extremities with comfort and ease. After two week's treatment the child was apparently well.

CASE II. M. C. of N., a female, 28 months old. I was first called to see her when she was sick with measles. In making the examination, symptoms of scurvy were noticed. The child was very anaemic, pale and emaciated. The gums were blue, swollen, and bleeding, and showed small spots of ulceration. The breath was offensive. She manifested hysterical objections to meat, vegetables and fresh milk, and her mother fed her mostly on unfermented cherry juice, diluted with water and

sweetened with sugar. She made a good recovery from the measles. I prescribed the antiscorbutic diet, but it was not acceptable to the mother of the child.

Several weeks later I was called again to see the little patient. The upper gums now almost concealed the teeth, partially protruding from the mouth, and extensive ulcerations with a very offensive odor were present. The shafts of the lower limbs were swollen and purple spots and bruise-like stains were noticed on the skin. Any movement of the upper or lower extremities was very painful. The pulse was irregular and intermittent and the temperature between 100 and 102 degrees. The diet which was prescribed for scurvy was again refused and instead the child was put on patent medicine.

Some time later, when I was again called in to see the little sufferer, she was beyond reach of any treatment. With all the former symptoms aggravated there was now also epistaxis, haematuria and haemorrhage into bowels from which she died after a few days intense suffering. You will have noticed that in this case almost every symptom of a typical case in infantile scurvy was manifested.

CASE III. John Mc. of W., a boy, ten months old, had been bottle fed. His father being in the wholesale grocery business various proprietary "baby foods" had received a trial in feeding our patient. When first seen by me he had been sick ten weeks. The child was well nourished, but anaemic. The temperature was normal. There were no marked scorbutic symptoms in this case with the exception of the bone lesions in the lower limbs and the pseudo-paralysis connected with them. He was very restless and suffered great pain. Upon first sight the condition of the child suggested some spinal affection which had resulted in partial paralysis of the lower extremities. For this he had received treatment till I first saw him. He had been placed in a plaster "jacket" three weeks before. In examining the spine no tenderness could be noticed at any point. The boy assumed the horizontal position on his back, without the least movement of his legs or thighs. There was no pain or tenderness caused by pressure, but when any endeavor was made to extend or flex or rotate a limb the child would cry. The shafts of the limbs were swollen, but manifested no skin discoloration.

The plaster jacket had been removed before the little patient came under my observation. The lower extremities were now placed in moist cold compresses and protected by cotton batting. No drugs were prescribed. The proprietary foods and sterilized milk were replaced by fresh milk, undiluted, and by sieved potatoes, eight ounces of the former with several tablespoonfuls in solution of the latter to be given every three or four hours. Besides this the child received the juice of an orange and a tablespoonful of raw beef juice daily in divided doses. Three days after my first call to the patient I received a letter from his father that he relished the diet, that the compresses had been removed, as he no longer needed them, being entirely free from pain in moving his lower extremities and that he had slept quietly all night for the first time for many weeks. The antiscorbutic diet was continued and two weeks later I received another letter saying that the boy was to all appearances perfectly well.

CASE IV. J. W. of P., a boy, 13 months old. The child was pale, but well nourished. When first I saw him he manifested rachitic symptoms. The head was larger than the average head of a child of his age, with a broad square forehead and the frontal eminences strongly developed. The bones of the skull were slow in ossifying and the sutures delayed in their union. There was no overgrowth or imperfect development in the bones of the extremities, and the beading in the ribs was not marked. There was some ecchymosis of the gums of the lower incisors. Both legs



were slightly swollen and he cried when an attempt was made to move them. The temperature was normal and the pulse accelerated but the beat regular.

As to the history of this case she was the first and only child of a healthy young couple in good circumstances. He had been considered to be a healthy child until within a few weeks before I saw him the first time. He then began to become very peevish, was irritable and restless, and his sleep was much disturbed, frequently crying out at night. There was excessive sweating, most marked about the head. His appetite and digestion were good. He had never been suckled and had had at no time any fresh food. Proprietary food and sterilized milk made up his diet.

The proprietary food and sterilized milk were replaced by fresh living foods. The child was ordered given 8 ounces of fresh cow's milk every three or four hours, the juice of an orange and several tablespoonfuls of mutton or beef gravy in 24 hours. In ten days after the change in diet the improvement in the condition of the child was very marked. He slept well, the swelling of the gums had receded, there was no pain and he moved his limbs very freely. The diet as prescribed was continued for several months longer with the addition of the juice of fresh vegetables, well cooked. A year later the child was in perfect health and no local symptoms of the rhachitic condition were manifested excepting the broad square forehead.

The result of the antiscorbutic diet bore me out on my diagnosis of infantile scurvy in this case, supervening upon a rhachitic condition.

CASE V. E. W. of P., a brother of Case IV. and a twin. The child was ten months old when I was first called to see him. He was emaciated, anaemic and excessively pallid and blue. Lying on his back with his lower limbs flexed and still and his right thigh and leg noticeably swollen. The right arm was drawn in and lying across the chest as though it was paralyzed. There was no local heat or redness. Proptosis of the right eyeball was very marked, it being also turned inwardly in a manner suggesting paralysis of the external rectal muscle. The child had cut no teeth. There was some puffiness of the gums where teeth were about to appear. There were no purplish spots observed in the skin anywhere. A most interesting phenomenon, however, in respect to the condition of the skin of the affected extremities was noticed. By prolonged gentle pressure upon the surface of the lower limbs bluish spots appeared which gradually receded when pressure was removed. The head inclined to the left side and was never turned or moved. The child was restless and moaning. When an attempt was made to move or even to approach him he would cry out. The heart was normal, but the pulse was very rapid and the temperature was 101° F. There was subacute bronchitis with asthmatic respiration.

The history of this case was that from birth he suffered more or less from digestive disturbances. He was handfed on patent foods and sterilized milk and for some weeks before I first saw him, on sterilized milk and barley water of equal proportions. His stools were frequent and offensive.

In the treatment of this case the child was ordered to be given fresh cow's milk, orange juice, and well boiled sieved (riced) potatoes. The raw milk, not agreeing with his digestion, was ordered to be heated to the boiling point. Of this he received every three hours from 6 to 8 ounces with 2 heaping teaspoonfuls of corn starch stirred into it while hot. The corn starch was first mixed with a little water. The orange juice was continued and he was also fed two tablespoonfuls of boiled cabbage juice twice a day. The digestion and the condition of the bowels improved almost immediately. In five days the pain had subsided, he slept well and took his food greedily. He soon began to move his lower limbs and right arm. It was several weeks however, before his right eye assumed its normal position. In seven weeks

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he had gained in weight five pounds and had cut four incisor teeth. He would now move his limbs and head quite freely and sit up with the assistance of the nurse.

CASE VI. A. W. in N. aged 13 months, was a bottle-fed child from birth, Mellins' food and sterilized or condensed milk furnishing her diet. On my first visit I found her lying on her back, fearing to make the least movement. The lower limbs were slightly flexed and made the impression upon the observer as though they were paralyzed. The shafts and the epiphyses were swollen and the joints seemed to be drawn apart. These symptoms were noticed to be present also in the upper extremities extending even to the fingers. The front of the chest wall presented a remarkable phenomenon. There seemed to have been multiple fractures at the anterior extremities of the ribs and the costal cartilages with the sternum appeared to have sunk back away from the ribs. There was no local heat or redness at any of the joints nor at any point where ecchymosis was manifested. The gums were very red, swollen and ulcerated. When touched they would bleed. The temperature was 101° to 102° F. and the patient was pale and anaemic.

Up to the time when the child first took sick, four weeks previous to my first visit, she had been able to sit up and to walk some. She first was seized with pain in the left and then in the right lower extremity. She soon refused to sit up or to walk. Within a short time the pain symptoms were noticed in the upper limbs, and then in the sternum, the shoulders and the spine. She did not wish to be touched or moved, and would cry when her position was changed, or her bed was made. The case was looked upon as one of acute rheumatism.

In the treatment a complete change was made in the diet. In place of the Mellin's food and the sterilized milk the child received eight ounces of fresh cow's milk every three hours, and there was ordered to be given daily in divided doses the juice of  $\frac{1}{4}$  pound raw beef and of  $\frac{1}{2}$  lemon, and 4 to 6 tablespoonfuls of boiled cabbage juice. The limbs were invested with wet compresses tightly wrung out and then wrapped in cotton batting. In three days the change in the condition of the child was remarkable. The gum symptoms had receded, the wet compresses could be removed as the child was free from pain and slept well. In four days more she freely moved her limbs and began to sit up in bed. The meat juice was gradually diminished, but the raw fresh milk with the lemon and cabbage juices was continued for three weeks longer at which time the child's convalescence was established.

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## WHAT MEDICAL SCIENCE HAS DONE FOR PEDIATRICS.\*

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Kansas City.

During the past decade scientific research has been specially active and much has been accomplished towards saving the lives of infants and children. Hundreds have been doing special work along this line, and thousands of monographs have been written. As a result of this active work statistics prove an immense saving in human life. It has been said that surgery presented the greatest field of scientific activity, and that more lives have been saved and more suffering alleviated than in medicine, but I believe that the record for medicine is now being written and we will soon see it pass surgery in its beneficence to the human race. As to pediatrics I am in hope of being able to make a such a record as will convince the most sceptical.

Recent statistics collected by Dr. Holt in New York show that the actual number of deaths in children five years old and under has decreased 3000 annually, while the population at that age has increased 45,000. This shows the death rate has fallen 30 per cent.

According to Dr. Condie during the 10 years from 1835 to 1845 the entire number of deaths in Philadelphia excluding the still born and those from old age and casualties, was 48694, of which 26,310 or 54.4 per cent were of children under 15 years of age.

Coming to our own city, (Kansas City) I find that during the year 1880, the deaths among children under 15 years of age was 56 per cent. In 1890, 55 per cent and in 1900 only 37 per cent. In other words formerly 56 per cent of the total population died at the age of 15 years and under, while 44 per cent died at an older age. In 1900 of every 100 deaths 37

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\*Read before the Tri County Medical Society of Platt, Clay and Clinton Counties, Missouri.

were at the age of 15 years and under and 63 past this age. In other words 63 instead of 44 as before. The percentage would be much better if the still born were excluded. This makes a remarkable showing, most of which can be credited to medical science.

In the investigation of this subject I have arranged a classification, which will serve to more readily demonstrate what has been accomplished in pediatrics towards the saving of human life. I shall give a concise review under the following heads.

1. Diseases of the newly born.
2. Infant Feeding.
3. Diseases of the Digestive Organs.
4. Disorders of Nutrition.
5. The Infectious Diseases.
6. Diseases of the Circulatory System.
7. Diseases of the Respiratory System.
8. Diseases of the Genito Urinary.
9. Diseases of the Nervous System.

#### DISEASES AND DEFORMITIES OF THE NEW BORN INFANT.

Much has been accomplished since the etiology of some of these conditions has been discovered. This is notably so in cases of ophthalmia and tetanus. The first instruction of the physician to the nurse after the birth of the infant should be to thoroughly cleanse the eyes, by this means ophthalmia is prevented. Many children who would have become blind under former conditions, have been rescued from this calamity. Again when some grandmother desires to apply dirty grease on a dirty rag to the umbilical cord, she is prevented by the physician or intelligent nurse, consequently sepsis or tetanus is rarely found. The time has been when tetanus and erysipelas were quite prevalent among the African race. The term tetanus being known among the Georgia negroes as the "nine-day-fits."

In spina bifida, cleft palate, club foot, and other deformities surgery has come to our rescue, and many who would have remained physically defective have been cured and made useful members of society.

#### INFANT FEEDING

It is difficult to estimate the decrease in mortality among infants following correct methods of feeding. In a treatise published by J. P. Frank in 1749, we read that Von Swieten, Loseke and Cosnus were the first to recommend diluted cows milk in Infant Feeding. From then down to the present time gradual advances have been made until now it is practically on a true scientific basis. For this advance much credit must be given to Americans. Germany with all of its scientific methods must acknowl-

edge that American physicians have been in the lead in devising the many methods now in use. In the year 1832 Dewees of Philadelphia in the 4th edition of his work on Diseases of Children said, "Milk should be diluted with one third water, and loaf sugar added to make the proportion resemble mothers' milk."

2. The milk should be pure and not skimmed or watered, and used as soon as possible after milking.

3. When practicable use milk from the same cow to avoid variation.

4. Add the sugar and water just before giving to avoid fermentation.

5. Only the quantity should be prepared that will be used.

6. Milk should be heated by adding hot water or by a sand bath and not on a range.

7. Milk should be kept on the coolest possible place.

8. It should be rejected if acid and too much must not be given at once."

It is remarkable that such excellent rules should have been given before the days of bacteriology. It certainly indicates a man of very close observation.

Another American, John Forsythe Meigs, of Philadelphia, recognizing that simple dilution of cow's milk with water decreased the amount of fats, originated a mixture of milk, cream, gelatine, arrow root and water. Following J. Forsythe Meigs, came Arthur V. Meigs, of Philadelphia, who demonstrated the low percentage of caseins, and high percentage of sugar in woman's milk, and was the first to devise the method of using "top milk." Still later came Rotch of Boston who introduced milk percentages, and it can now be said we are upon a true scientific basis.

Statistics prove that infant mortality is greatest under one year, and that diseases resulting from improper methods of feeding cause the greatest number of deaths. In the days of Dr. Condie in Philadelphia between the years 1835 and 1845, 54.4 per cent of the human race died before reaching 15 years, while 46 per cent died after that time. This same percentage continued until about 1890. Since then in statistics given by Holt we have a reversal of conditions. Only 42 per cent dying at the age of 15 and under, while 58 per cent lived beyond that age. This large reduction in mortality was mainly due to the introduction of better methods of feeding.

#### DISEASES OF THE DIGESTIVE ORGANS.

This is closely allied to the subject of infant feeding, and it is now recognized that the proper treatment for these conditions is in the proper adjustment of dietary regulations. Medicine plays only a secondary part. The former indiscriminate use of astringent and opiate preparations has been largely abandoned and has resulted in the saving of human life.

## DISORDERS OF NUTRITION.

The great advances along the line of infant feeding enables us to understand better the disorders of nutrition. Though scorbutus has slightly increased since the warfare against microbes began, yet our thorough knowledge of its etiology enables us to cure it more easily than formerly. Rhachitis has also been practically overcome and the future will therefore see fewer deformities. Atrophic and marasmic conditions yield more readily to treatment. During the past the pendulum has swung toward thorough sterilization of all foods before feeding to infants. It is now beginning to return, and we look more to absolute cleanliness in procuring our supplies. We use ice more universally for keeping our food at low temperature, preventing those fermentative processes which so readily effect the digestive organs. I regard the extended and general use of ice among the people as being a prophylactic agency the value of which it is difficult to determine. Any combination or trust which controls the supply should be fought by the people just as energetically as if it were a bread and meat trust.

## THE INFECTIOUS DISEASES.

In the exanthematous diseases different epidemics show marked difference in mortality, depending much upon the virulency of the agent. This is especially noticeable in measles and scarlet fever. In the Manchester General Hospital the mortality from scarlet fever varied from 6 to 25 per cent, and the average for 10 years (1877 to 87) being 11.8 per cent. The mortality during the last 10 or 15 years is certainly a long way below this. Yet in the next 15 years we may be called upon to modify our figures on account of increased virulency. In nearly all civilized communities measles are attended with a light mortality. Yet when this disease first invades a new country the death rate is frightful being fully as bad as an attack of Asiatic Cholera.

Small pox has been attended with such a diminished mortality that people no longer dread it. Yet in the future a new cultivation of the germ may develop increased virulence with greater mortality. Health reports from the larger eastern cities indicate a mortality from 15 to 20 per cent at the present time. While with us it has been less than one per cent. But I understand that lately the mortality has been increasing. Vaccination with its protecting influence has saved many lives, still there are many cranks who imagine that all kinds of evils follow this procedure, and refuse to be convinced even when statistics and the testimony are incontrovertible.

Among the great discoveries of the 19th century is antitoxin for diphtheria. This has led to the saving of many lives among children. The



latest statistics collected by Baginsky give the following figures showing the mortality before and after the introduction of antitoxin.

AGE	MORTALITY BEFORE	AFTER
Two years .....	60.02.....	25.08
Two to four years.....	51.02.....	17.1
Eight to ten years.....	28.08.....	10.1

Of 5794 cases in private practice collected by the American Pediatric society, the total mortality was only 12.3 per cent. In all cases injected during the first day of the disease the mortality was 7.3 per cent. In the laryngeal form, in 1704 cases operated and not operated on, it was 21 per cent. Of the intubated cases 23 to 27 per cent; as against 60 to 70 per cent before the introduction of antitoxin, and 95 per cent before the introduction of intubation. These statistics require no comment.

Another of the infectious diseases tuberculosis, will I believe be eradicated. Already the announcement has been made that the immortal Behring has discovered a remedy for tuberculosis and in this day and age of the world we need not be surprised. If we should fail to discover the remedial antidote for this tubercular germ, sanitary measures will largely control it. Just as soon as an intelligent public can be led to grasp the infectious nature of this disease and the modern methods of controlling it there will be an accelerated movement on the part of the people to this end and instead of opposition to sanitary measures for its control, they will second the efforts of the medical man. If a Carnegie or a Rockefeller desire to plant his millions so that future generations may glorify and perpetuate his name, no greater field can be found for the sowing than the establishment of farm colonies and sanatoria for the consumptive poor.

#### DISEASES OF THE CIRCULATORY SYSTEM.

Great progress has been made in diagnosing the various congenital malformations of the heart. The various forms of acute and chronic inflammation are much better understood. Endocardial inflammations are recognized as septic processes due to circulation in the blood of bacteria and their toxins. In some cases the mode of entry of these bacteria is known. The tonsil is undoubtedly largely responsible for their entrance. It is believed by Packard and others that many cases of endocarditis originate in this manner. Koplik says that he has frequently met with endocarditis in children in which the only other clinical manifestations were redness and slight swelling of the tonsils. Understanding the etiology of these endocardial inflammations and the character of the resulting injury to the valves of the heart appropriate treatment can now be instituted, which may prevent many deaths from valvular disease later in life.

Among the great discoveries in internal medicine must stand the



treatment of cretinism. The arrested growth and deficient mental capacity in these cretins, due to diseased or absent thyroid, have been by the administration of thyroid extract almost entirely overcome. Formerly these poor unfortunates, dwarfish in appearance and imbecile in mind were looked upon as hopeless but now, if treatment be begun early, a fair degree of usefulness and restoration may be accomplished.

I need only mention the prominence of blood examinations in diagnosis. The different forms of anaemia, leukemia and pseudo leukemia are diagnosed by blood examinations. The Widal blood test in typhoid fever with its agglutination reaction is of great utility in making a diagnosis in obscure cases, particularly so in children. Not only do blood examinations become useful in diagnosis, but their utility is being recognized in prognosis. In acute inflammatory conditions, as in pneumonia, appendicitis, etc., the prognosis depends largely upon the extent of the leucocytosis.

#### DISEASES OF THE RESPIRATORY SYSTEM.

In this review we do not approach the diseases of the respiratory system with as much enthusiasm as we have the other conditions. Something seems to be lacking in our management of these cases. The infants with broncho-pneumonia continue to die just as promptly as they ever did. We continue to recommend our stimulating and supporting treatment, pushing it to extremes, and still our patients die. What is wrong and where shall we find the remedy? Has the reaction from bloodletting, tartar emetic, ipecac, etc., gone to extremes in the use of heart stimulants? Are we applying the whip to the already jaded horse, until he falls in his tracks? I say yes; and the sooner we abandon present recommendations the better it will be for our patients. No treatment at all would be better than our present methods.

#### DISEASES OF THE NERVOUS SYSTEM.

In the study of the nervous system great advances have been made and much new knowledge acquired, particularly along the lines of diagnosis. The different forms of paralysis both cerebral and spinal are better understood, particularly so since the minute anatomy of the brain and spine has been more closely studied. We can more readily differentiate, between the cerebral and spinal palsies and by our accurate diagnosis we are better able to judge of treatment. Surgical measures by tendon transplanting are overcoming some of these deformities.

A useful method of diagnosis in acute and chronic form of cerebral and spinal disease has been **Lumbar Puncture**. The appearance of the cerebro-spinal fluid varies in sp. gr., composition and amount of sediment in different conditions. Consequently the puncture is useful for

diagnosis in cases of tuberculosis, and other forms of meningitis, particularly so in the cases in which there is suppuration. Spasmodic manifestations like tetanus, epilepsy, chorea, hysteria, etc., are better understood, and while the profession has not yet found a specific for many of these conditions, they have in the Pasteur treatment for rabies found an antidote for this dread disease.

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### BOOK REVIEWS.

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*Non-Surgical Treatise on the Diseases of the Prostate Gland and Adnexa*, by George Whitfield Overall, A. B. M. D., Chicago, Boards, pp. 219, large 12mo., 26 illustrations. Chicago, The Rowe Publishing Co., Second Edition; copyrighted 1903. Price \$1.00.

The author divides the disease of the prostate into:—acute and chronic prostatitis; chronic congested enlargement; hypertrophy; and neuroses. He would limit much more strictly than the ordinary practitioner does the application of the term "hypertrophy," since he has found that many of the cases so diagnosed were simply congestions. Dr. Overall also gives a chapter of 24 pages to the discussion of diseases of the seminal vesicles.

The main work of the book is on treatment,—not pathology. Hence the latter is rather unsystematic and unsatisfactory. But no one can read the book without being helped to better principles of treatment. The principles upon which he proceeds may thus be stated. (a) Avoid irritating the urethra and gland; (b) Let the medication be also sedative and slightly antiseptic; (c) Put the main reliance on astringent action of drugs and electricity. One of his most used drugs seems to be verbaseum; and in general, he uses the crude drugs rather than their active principles. He protests against the use of sounds and other irritating procedures. He gives 25 illustrative cases.

We must criticize the author's looseness and inexactness in the use of scientific phraseology. Thus metastasis is used incorrectly. On page 37 "mollified" is used for modified. On page 45 the reference to the figure showing the instrument is incorrect. Toward the bottom of page 48, he says, "Often there is ..... yet ~~he~~ *is*, etc." "On page 49 we find this sentence, "The prostatic urethra is the most common site of urethritis and is pathognomonic of prostatitis." On page 90, "vesicle neck," probably stands for vesical neck. Dr. Overall has a theory that gonorrheal

arthritis, etc., is due so gonorrheal toxins rather than germs—a view not upheld by most writers. But the author's experience is so great and his observation so keen that the book is eminently worth the study of every practitioner who has to deal with irritated and inflamed prostates.

**Disorders of Metabolism and Nutrition**, a series of monographs by Professor Doctor Carl von Noorden, Physician-in-chief to the city Hospital. Frankfurt-on-Main, Germany. Authorized American edition, translated under the direction of Boardman Reed, M. D. Part VII. **Diabetes Mellitus**: A special Course of Lectures. Delivered in the University of Bellevue Hospital Medical College, New York. Small 8vo. 122 pages, \$1.50. E. B. Treat, & Co., Publishers, 241-243 West 23rd Street, New York.

We have read this book with much pleasure. Its style is easy and clear. The matter presented is worth reading. Dr. Von Noorden says that he has treated some 2000 diabetics and that his facilities for treatment are equal to the best has been well proven. Hence this little book which discusses the latest investigations and the best theories as to the nature of the disease is very opportune.

The theory which Van Noorden holds is that the pancreas probably supplies to the blood a something which exerts an influence on the building up or the breaking down of glycogen—In his own words:

"We have to ascertain whether the pancreas supplies to the blood a substance which has something to do with the building up or the breaking down of glycogen. This might be a ferment which favors the act of polymerisation in the formation of glycogen, or it might be an antiferment which prevents too rapid destruction of glycogen. All tissues, muscle especially included, have an enormous power of destroying glycogen; one cannot therefore work quickly enough to obtain correct quantitative determination of the amount of glycogen in the organs. Glycogen during this diastatic process is always transformed into sugar, which, as is well known, cannot be fixed by the tissues. If the pancreas furnishes a substance which acts as an antiferment, i.e., serves as a restraint to the diastatic ferment, a deficiency of such an antiferment would produce exactly the same result as the deficiency of a ferment favoring the fixation of glycogen. In both cases, poverty of glycogen in the organs and hyperglycaemia would be the inevitable consequence, and as already discussed, the cardinal symptoms of diabetes would follow of themselves. Further investigation will in my opinion disclose the existence or the one of the other of these two processes."

"In formulating any theory about diabetes it seems necessary . . . . . to seek for the root of the matter in those disturbances of the intracellular mechanism which, though often accompanied by anatomical changes of the organ or perhaps caused by them, may yet develop without any structural alterations."—page 64.

"No case of the really "severe" diabetes (i. e. one in which a restriction of diet does not abolish glucose from the urine) has ever been cured,—or at least such cure is not authentically recorded." (page 136). The prognosis

is nevertheless difficult. He has had a case for ten years where he had had from the first found large quantities of oxybutyric acid. Eighty per cent of the "severe" cases died in coma; but of the "lighter" cases only five per cent died of coma.

The author believes that only three drugs are worth using, these are opium, salicytic acid, and jambul. The others have "no result worth mentioning."

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## THE ASSOCIATION OF STATE MEDICAL JOURNALS.

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The following is suggested as the constitution for this new association. We must now determine whether or not we wish to sign it or amend it:

### CONSTITUTION.

1. NAME. This association shall be known as the "Association of State Medical Journals."

2. OBJECTS. The objects of this Association are to bring into closer harmony the journals published by State Medical Associations or Societies to the end that their value and usefulness may be increased and their influence extended; to effect a more intimate community of interests and to improve their business relations.

3. MEMBERSHIP Any regular medical periodical owned and published, or absolutely and in every particular controlled by any State Medical Association or Society, shall be entitled to membership in this Association upon filing with the Secretary of this Association a copy of this Constitution and Rules with the statement that the privileges and obligations of membership as indicated herein are accepted, which acceptance shall be signed by the Editor and a majority of the Publication Committee, (if there be any) and acknowledged before a Notary Public, provided that, and so long as, the Publication of such Association or Society shall not violate the rules of the Council on Pharmacy and Chemistry of the American Medical Association, relating to non-pharmacopoeia remedies, or such rules as may be regularly adopted by this Association.

4. REPRESENTATION. Each state Medical Association or Society having membership in this Association, shall be entitled to representation as follows:

(a). A regularly elected or appointed representative from such State Medical Association.

(b). The editor of its publication.

(c). The members of its Publication Committee, who shall, collectively and as a committee, be entitled to one vote.



5. **MAIL BALLOTS.** Any question may be submitted by mail to the qualified representatives as indicated in section "4" during the time between meetings; and a ballot may be taken. The question submitted being affirmatively decided upon the receipt of two-thirds affirmative ballots except as provided in Section "8". The secretary shall prepare and send out the necessary statements with ballots in duplicate, shall receive and file and return ballots, announce the result, and submit the ballots at the next annual meeting.

6. **EXPULSION:** Any member of this Association which shall publish an advertisement of any remedy which is disapproved by the Council of Pharmacy and Chemistry of the American Medical Association for twelve months after due notice of such disapproval shall have been mailed to the last known address of the persons duly qualified as representatives of such member, shall be dropped from this Association; and shall not be eligible to re-election to membership until it shall have complied with the requirements of the Council's rules for a period to be determined by subsequent ruling, but not less than one year.

7. **AMENDMENTS:** This Constitution shall be amended by the affirmative vote of the representatives of two thirds of the organizations composing it. Provided such amendment has been proposed in writing at one of annual meeting and is adopted not sooner than the next annual meeting.

8. **Standing Rules** not inconsistent with the rules or decisions of the Council on Pharmacy and Chemistry of the American Medical Association or with this Constitution, may be made or amended at any time by a majority vote of the duly qualified representatives present at an annual meeting, or upon mail ballot as provided in Section "5" such votes to be filed in writing with the Secretary.

### STANDING RULES.

1. **MEETING.** This Association shall meet annually at the same time and place as the American Medical Association, and shall conduct such business as may then come before it.

2. **OFFICERS:** There shall be a President and a Secretary, and a business committee of five, of which the President and Secretary shall be members. The President and Secretary shall be elected annually. The three members of the business committee shall hold office for three years, one retiring each year and his successor elected for three years. Those first elected shall determine their respective terms of office.

3. **DUTIES OF OFFICERS:** The duties of the President and Secretary shall be such as commonly pertain to these offices. The business committee shall arrange and have charge of all business connected with the writing of joint advertising contracts for all such members of this Association as may desire to enter upon such an arrangement and may agree with the business committee upon the question of terms, rates, commissions, payments, etc.

4. **QUORUM.** Representatives of four or more members shall constitute a quorum at any annual meeting.

5. DUES. There shall be no dues, but an assessment may be levied from time to time, for the purpose of defraying the necessary expenses of the Secretary or of any officer or of any committee or committees in the performance of their authorized duties. Such an assessment shall be levied equally upon all members and shall be in an amount determined by a two-thirds vote at any annual meeting or by a majority vote taken upon a mail ballot.

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SHALL WE SIGN THE FOLLOWING?

The "Journal of the Kansas Medical Society" desiring membership in the Association of State Medical Journals, hereby accepts the Constitution and Rules which are attached to and form a part of this document. In witness of which acceptance the officers of the Kansas Medical Society, duly elected or appointed to have charge and control of its publication have hereto attached and acknowledged their signatures.

Editor.

Publication Committee.

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COUNTY NEWS.

**Saline**—Annual meeting of the Saline County Medical Society took place Dec. 7. The members assembled at the National Hotel for supper after which a regular session was held with a program. Dr. O. R. Brittain presented the subject of Nephritis, and Dr. F. G. Lagerstrom the subject of Cystitis, both papers were ably presented and elicited a pointed discussion. Dr. Joseph W. Edwards a regular practitioner of more than 50 years at Mendota, Ill., and Dr. J. E. Sawtell, of Kansas City were visitors. The annual election resulted in favor of Dr. W. S. Harvey, for president; Dr. A. G. Anderson for vice president; Dr. J. W. Neptune for secretary; Dr. F. G. Lagerstrom for treasurer, Dr. M. J. Brown for Censor. The society has a membership of 24 out of the 33 practitioners in the county.

HOWARD N. MOSES, Secretary.

**Clay**—Program for December 13, 1905, "Emergency Eye Work as Managed by the General Practitioner," Dr. W. S. Harvey, Salina. "Typhoid Fever," Dr. X. Olsen, Clay Center. "Some Diagnostic Points in Abdominal Diseases," Dr. M. C. Porter, Clay Center. "Ethics," Dr. Geo. H. Litsinger, Riley. Discussions by the doctors present. Refreshments.

B. F. MORGAN, Secretary.

Osage County Medical Society met in regular session at Burlingame December 13. and had a very interesting meeting. Time was given to discussion of such topics as, Advertisers, Local Mention, Uniform Fees, Mileage, How to Make Our County Society Include Every Reputable Physician in County, Contract Practice, etc. Following officers were elected for ensuing year: President, Dr. D. B. Moore, Osage City; secretary-treasurer, Dr. J. A. Connor, Burlingame, Kansas; censors, Dr. W. A. Dole, Lyndon, Kansas, for one year; Dr. F. E. Schenck, Burlingame, for two years; Dr. J. M. Heller, Osage City, for three years. Next meeting will be held in Osage City, March 14, 1906.

J. A. CONNOR, Secretary.

The Wilson County Medical Society has made phenomenal progress during the year of 1905. The membership has almost doubled and in a short time we expect to have every physician in the county a member and deeply interested in the work of the county locally and not only the county but the state society also. We are already looking forward to the next meeting of the State Society with much interest. Six meetings have been held during the year. Papers on the following subjects were read:

- Eclampsia, Dr. A. C. Flack, Fredonia, Kans.
- Infections, Dr. B. R. Riley, Coyville, Kans.
- LaGrippe, Dr. F. M. Wiley, Fredonia, Kans.
- Tonsilitis, Dr. J. C. Preston, Buffalo, Kans.
- Physiology, Dr. E. C. Duncan, Fredonia, Kans.
- Fractures
- Endometritis, Dr. A. C. Fluck, Fredonia,
- Phys of Digestion, Dr. J. H. Jones, Neodesha.
- Malaria, Dr. F. R. Day, Neodesha.
- Eczema, Dr. Sharp, Neodesha.
- Incomplete Abortion, Dr. B. R. Riley, Coyville.
- Scarlet Fever, Dr. F. H. Rhodes, Altoona.
- Emergency Surgery, Dr. T. F. Allen, Neodesha.

Much time was given to the discussion. Very few papers were read that were not discussed by every member present. Sometimes we passed it around several times. The papers were all of exceptional value, indicating much time and study in their preparation. Many of them should have special mention.

The social feature of our society has not been entirely ignored. A banquet at the beginning of the year and refreshments at other times has added much to the interest of the society. Altogether the year 1905 has been a great epoch in the history of the Wilson County Medical Society and by hearty co-operation 1906 can be made even better.

Greetings to all other societies in the state.

The officers of the society are: Pres. Dr. A. C. Flack, Fredonia; Secretary and Treasurer E. N. Martin, Benedict; Censor Board: Dr. F. W. Willey, Fredonia; Dr. E. C. Duncan, Fredonia; Dr. B. R. Riley, Program Committee: Dr. B. R. Riley, Coyville; Dr. C. E. Williams, Neodesha; Dr. E. N. Martin, Benedict.

A. MEMBER.

**The Topeka Meeting.**—Secretary Huffman sends us the following official announcement: "The next meeting of the Kansas Medical Society will be held at Topeka, May 8th, 9th, and 10th, 1906. The committee on arrangements will consist of members living at Topeka, and the Editor of the JOURNAL. This committee will be announced in a short time. The following is a synopsis for the symposia on the program for the next meeting: Internal Medicine; Obstetrics and Gynecology; Mental and Nervous Diseases; Section on Surgery; Eye, Ear, Nose and Throat; Section on Pathology; Section on Medical Organization. It is requested that all contributors of papers to the program, make an abstract of the paper and send this abstract to the Secretary, so that it will appear on the permanent program. It is also requested that the essayists send in the subject on which they write, at the earliest possible date."

CHAS. S. HUFFMAN, Secretary Kansas Medical Society.

**Decatur and Norton Counties**—We had a very successful meeting at Norcatur December 5, 1906, Three new members were added and two more signified their intentions to join. Dr. Hardesty the retiring President in a short address gave a very interesting history of the society since its beginning in August 1904. Dr. Lathrop read a very able paper on "The Microscopic Diagnosis; Its Use and Abuse." Dr. Jones began the discussion and was followed by Drs. Cole, Brethonwer, Kenney and Lathrop. The following officers were elected for 1906. President Dr. C. W. Cole, Norton; Vice President, Dr. C. G. Brethonwer, Norton; Dr. J. J. Dallal, Norcatur; Secretary and Treasurer, Dr. C. S. Kenney, Norcatur; Delegate, Dr. H. O. Hardesty, Jennings; Alternate, Dr. W. C. Lathrop, Norton.

Board of Censors: Dr. C. G. Brethonwer, Norton; Dr. C. C. Funk Smith Center; Dr. R. H. Smith, Oberlin.

Program Committee: Dr. W. Monroe Jones, Norcatur; Dr. R. H. Smith, Oberlin; Dr. W. C. Lathrop, Norton.

Next meeting in Jennings, March 6, 1906.

C. S. KENNY, Secretary.



**Anderson County** Medical Society met first Thursday of December, 7:30 p. m. The subject of the evening's discussion was pneumonia, lead by Dr. Cunningham, who gave an interesting paper on the newer methods of treatment of pneumonia. Paper was discussed by Drs. Cregg, Blasdel, Jones, Hood, Kirkpatrick, Milligan. Dr. G. A. Blasdel of Reno county made application for membership in our county society.

The following officers were elected for ensuing year: President, D. O. Taylor, of Greely; Vice President, M. E. Cunningham, Garnett; Secretary, T. A. Hood, Garnett; Treasurer, J. B. Jones, Garnett; Delegate, Thomas Kirkpatrick, Garnett.

T. A. HOOD, Secretary.

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## NOTES

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**Norman L. Jones**, M. D. Rush Medical College, 1882, died at his home in Norton, Kansas, Nov. 17. from intestinal obstruction, for which an operation was made a few hours before.

**Kansas Medical News, Diphtheria.** The public school at Stone City has been closed on account of diphtheria.—During October, four deaths resulted from diphtheria and 60 cases were reported in Leavenworth.—The public schools in Abilene have been closed on account of diphtheria.—The public schools at Arkansas City have been closed indefinitely in the hope of preventing an epidemic of diphtheria.—More than 50 cases of diphtheria are under treatment at Moline.—The schools at Mound Valley have been closed on account of an epidemic of diphtheria.

**True Kansans.**—At the regular meeting of the Decatur and Norton County Medical Society December 5, all present were total abstainers and 70 per cent did not smoke or chew tobacco. Next!

**New Members of the A. M. A.**—Chaffee, S. N., Talmage; Dewees, W. B., Salina; Engberg, A., McPherson; Klingberg, W. A., Elmo; Maggard, D. I., Wichita; Richardson, E. F., Onaga; Reser, S. P., Hartford; Stewart, R., Powhattan; Tonnecannon, T. F., Emporia; Tower, J. B. Topeka; Way F. E., Concordia.

**Thomas B. Tandy, M. D.** Louisville, Ky., Medical College, 1876, died at his home in Winfield, Kansas, November 24, from nephritis.

**Theriac.**—Many of our readers will remember Professor Sayre's note on theriac in the Journal some time ago. Such readers will be interested in the following from a recent address in London before the Royal College of Physicians on medicine in the middle ages, by Norman Moore, M. D. (Cantab.)

"An apothecary brought to his master a youth with a carbuncle on his face. His whole neck and throat were swelled beyond belief, and the sick man had already tokens of death; he had no pulse and was fainting. My master said to that apothecary that the youth should go home for he was about to die in a short time. The apothecary said, 'Is there no further remedy?' The physician replied, 'I believe most truly that if thou mightest give tyriacum in a large dose there is a chance that he may live.' Having heard this, the apothecary took him home, and was barely able to get there, and he gave to him about two drachms of tyriacum and put him to bed. His head and the affected part broke into profuse perspiration and after a little there was a general perspiration and his pulse returned. And the apothecary gave him a dose again of his own accord, and that day he was made whole except for a little sore place which afterwards healed up, and my master said that he had never seen any one else who had recovered after being in a faint and tremor and especially without pulse."

"It is clear that Mirfield's master was a physician and that like Chaucer's doctor of physic—

'Ful redy hadde he his apotecaries.  
To send him dragges and his letuaries.'

The tyriacum which his master used was a preparation attributed to Mithridates, King of Pontus, which from the Augustan age to the eighteenth century was used by physicians. It did not come from Mithridates, says Quintus Serenus Samonicus, for when the king was vanquished by Pompey the medicine found in his casket was worthless—

Antidotus vero multis Mithridatia fertur  
Consociata modis, sed Magnus scrinia regis  
Quum raperet victor, vilem deprendit in illis  
Synthesin, et vulgata satis medicamina risit,  
Bis denum rutae folium, salis et breve granum,  
Jugiantesque duas, totidem cum corpore ficus.

"Mithridatium, afterwards called Theriaca, contained opium. It began with 38 ingredients, then had 53, and later still 75, and continued to be made and prescribed long after the identity of many of its ingredients had been lost. Dr. William Heberden, one of the greatest of English physicians, wrote in 1745 an essay entitled 'Antitheriaca,' relating its history and attacking its use."

**State Board Requirements**—The movement is steadily upward. In view of the increasing requirements and competition we suggest that graduates from a four years course be given an M. B. and that the M. D. be given for an extra year spent in a hospital when the candidate presents a

satisfactory thesis. In other words that there be formed extra-mural faculties which shall oversee and report on the fifth year's work. We are led to these remarks by the following notice.

At the semi annual meeting of the Iowa State Board of Medical Examiners held at Des Moines November 1, 1905, the following resolution was adopted and the Secretary was directed to notify the various medical colleges and State Boards of Health of the Medical Examiners of the same.

**RESOLVED:** That after July 1, 1906, no medical college will be regarded as in good standing with this Board that does not require as a condition for graduation not less than four courses of lectures of not less than seven months each, no two of which shall begin or end in the same calendar year; or that grants any advanced standing because of the possession of a literary or scientific degree, nor will the graduates of such colleges after the date above given be admitted to examinations by the Iowa State Board of Medical Examination.

**The Alkaloidal Clinic** was burned out in November. Nevertheless the December issue reached us December 11. This shows remarkable industry and aggressiveness. This issue by the way comes out squarely in support of Editor Simmons and the present movement for organization. We congratulate Drs. Abbott and Waugh.

**Gynecological Depletion.**—Dr. Hardesty suggests this formula for local depletion:

Glycerin 8 drams.  
Epsom Salts 5 drams.  
Carbolic Acid  $\frac{1}{2}$  dram.  
Heat until dissolved.

This forms a clear solution to which ichthyol or sulphate of zinc may be added if desired.

**Bacteriology Grades**—Dr. D. G. Buley of Valley Center received a grade of 100 in bacteriology in October 1903. Therefore the Star's report quoted in our last issue that Dr. Paey was the first to obtain such a grade is incorrect.

**Enthusiasm**—We have said repeatedly that the success of a society depends upon its secretary. If you don't believe it read the following letter.

Norcatour, Kansas., Dec. 18, 1905.

CHAS. S. HUTFMAN, M. D.

Columbus, Kansas.

My Dear Doctor—Enclosed find check for \$14.00. Kindly credit Drs. C. W. Cole, H. O. Hardesty, J. J. Dallal, and C. S. Kenney for 1906 dues. Also enroll Dr. W. Monroe, Jones, and Robert H. Smith as members of our county and state society for 1906. Dr. Jones is from Norcatour and Dr. Smith from Oberlin. Dr. J. E. Hodson from Long Island, Kansas was elected as associate member. Kindly see that all get

the JOURNAL. Will remit the other dues as fast as they are paid. Norcatur has three M. D.'s and all are members of the society. Jennings has one now who is one of our faithful. Alma has four but none have joined. Norton has 7 and two belong but two or three more are about converted. Oberlin has seven and five belong to the society. Our attendance averaged seven for last year. We expect to gain during 1906. At our last meeting the oldest man was 37 and the youngest was 28 (three of us being of that age) 70 per cent did not smoke and none drank. (Rather a moral crowd for doctors wasn't it, Doctor?) Our 1906 officers are: President, C. W. Cole, vice president, J. J. Dallal and C. G. Brethonwer; Secretary and treasurer, C. S. Kenney; Board of Censors, C. G. Brethonwer, C. C. Funk, and R. H. Smith. Delegate, H. O. Hardesty, Alternate, W. C. Lathrop; Program Committee, W. Monroe Jones, R. H. Smith and W. C. Lathrop. Several Good papers were read last year but I don't know whether or not any will read a paper at the state meeting although many of us are planning on going. Pardon my lengthy letter but I am somewhat of an enthusiast in society work. Can you not meet with us some time this coming year? We are bound to live now. The worst is over for we are nearly two years old and have got all our teeth and have been weaned.

Fraternally yours,

C. S. KENNEY, Secretary.

**Dr. D. D. Ashley** of New York, has sent us the following reprints: Congenital dislocation of the hip; The treatment of acute tuberculosis; spondylitis in infants and young children; and the treatment following the bloodless reduction of congenital hip dislocation.

**Dr. R. H. Tullis** of Lawton, Oklahoma, president of the territorial society died December 12, 1905.

**Dr. A. E. Hertzler** announces that Dr. R. S. Haury, will be associated with him in his practice in Halstead. Dr. Hertzler spends the most of his time in Kansas City; but Dr. Haury will spend all of his time in Halstead.

**Dr. N. L. Jones** of Norton, Kansas, died November 17, 1905, with intestinal obstruction. He had been in Norton for years. Deceased was a member of the Pension Examining Board and the State Board of Medical Examiners and was a highly respected citizen.

**Governor Hoch Replies**—We clip the following from the Kansas City Times.

Topeka, Dec. 11.—There has been a disposition among the doctors in some part of the state to criticise Governor Hoch because of the appointments he has made in making up the medical boards of the state. The complaint has been made that the governor has failed to properly recognize the profession and one physician in a recent letter to the governor made the complaint that he (the governor) was attempting to to build up a machine in his medical appointments. This has caused Governor Hoch to look up the records as to these boards. This is what is shown regarding these appointments: The state board of health is composed of nine members, a majority of



whom shall not be of any one school of medicine. When Governor Hoch came into office he found in this board the requisite number which had been appointed by Governor Bailey. These men were all appointed in vacation, which gave the present governor the right to depose any or all of them at will. The term of Dr. E. P. Mills expired March 28, 1905. Governor Hoch reappointed him. The term of Dr. A. B. Scott expired the same day as that of Mr. Mills. He also was reappointed. Dr. Charles Lowry, a third member of the board, died before his term of office legally expired and the governor appointed C. H. Lerrigo. So it will be seen that the state board of health is exactly the same as it was when Governor Hoch took office, except so far as Dr. Lowry is concerned. There are seven members of the board of medical examiners. These were also appointed by Governor Bailey in vacation and not confirmed by the senate, giving the present governor the right to remove any of them or all of them at will. The term of Dr. O. F. Lewis of Hepler, expired May 1, 1905, and he was reappointed. The other members of the board are the same as when Governor Hoch took the oath of office. In the state board of pharmacy there has been only one change and that is the appointment of Dr. W. E. Sherriff, who was recommended by the state pharmaceutical association.

**Dr. C. B. Reed** of Topeka has been sued for \$10,000 damages for malpractice in the treatment of a broken leg.

**Druggist or Pharmacist**—In times past, pharmacy was considered a highly respectable calling and the pharmacist was regarded as a professional man; he was a prototype of the present physician, as the barber was the predecessor of the surgeon. More recently the pharmacist, still regarded as the follower of a professional calling, was regarded as the ally of the physician. But does that relationship maintain at the present time? Is the individual who dispenses drugs to be regarded as a pharmacist, the follower of a profession, or as a druggist, one who merely buys and sells drugs as a purely commercial occupation, incidentally selling alcoholic, cocain, and morphine nostrums to whomsoever will buy; and refilling physicians' prescriptions just as often and just as indiscriminately as the public may desire and be prepared to pay for such potions? It seems to us that this druggist question is now no longer a theory, but has become a condition which necessitates serious consideration by the medical profession. Lay publications (*Colliers' Weekly* and *Ladies Home Journal*, etc.) have shown that most of the so-called "patent medicines" are either worthless frauds or are alcoholic, cocain or morphine mixtures. To sell the former class of the deluded people is to participate in a direct fraud, to deal in the latter class of preparations is worse than a fraud, it is participation in a serious crime. We have reached the parting of the ways. Is it the purpose of the former ally of the physician to again become a professional pharmacist and cease from participation in fraud and crime, or is it the intention of the druggists to be merely commercial entities and

share in the proceeds of defrauding and debauching the public? What is to be the purpose of the various associations of retail druggists? Is it to stimulate professional pharmacy, or is it to boom the sale of any fraudulent or worthless nostrums for which the manufacturer will agree to fix and maintain a price sufficiently high so that the retailer of the fraud may participate in the crime? It should be the duty of every county medical society in the United States to take this matter up with the local druggists (or pharmacists) and demand some definite statement of their attitude. The attitude of the local druggist must decide whether it is better to prescribe or dispense our medicines.

**The Proprietary Association of America** is the organization of the patent medicine manufacturers, and the organization that is now fighting our organization. Unfortunately the following firms are members of this organization although they appeal to our profession for support. We are interested in knowing what they will do now that the issue between medicine and quackery is joined—Whether they will stay with this association, sit on the fence, or join us. The Chas. N. Crittenton Co., 115-17 Fulton St., N. Y. Fairchild Bros. & Foster, N. Y. The Fellows Mfg. Co., 26 Christopher St., N. Y. E. Fougere, & Co., 26 N. William St. The Frazer Tablet Co., N. Y. Kress & Owen Co., 210 Fulton St. Mariani & Co., 52 W. 15th St., N. Y. The Purdue Frederick Co., 298 Broadway N. Y. Schieffelin & Co., 170 William St. N. Y. Seabury & Johnson, N. Y. Geo. J. Wallau, 2 and 4 Stone St., N. Y. Geo. C. Fry, Portland, Me. Horlick's Food Co., Racine, Wis. Johnson & Johnson, New Brunswick, N. J. Keasbey & Mattison Co., Ambler Pa. Lambert Pharmacist Co., St. Louis, Mo. Mellier Drug Co., St. Louis, Mo. Mellins Food Co., of N. Am., Boston, Mass. Micajah & Co., Warren, Pa. Arthur Peter & Co., Louisville, Ky. Schlotterback & Foss Co., Portland, Me. Smith, Kline, & French Co., Philadelphia, Pa. The H. K. Wampole & Co., Philadelphia, Pa. The Alkalol Co., Taunton, Mass. The Cystogen Chem. Co., St. Louis, Mo. Katharmon Chem. Co., St. Louis, Mo. The Wytttenback Chem. Co., Evansville, Ind.

**Organization of a Department of Clinical Medicine.**—Cabot and Locke claim that, given good teachers and abundant material for teaching, the benefits acquired by the student can be enormously increased by good methods of instruction or diminished by poor ones. During the past ten years, Harvard, with essentially the same teachers and the same material, has added appreciably to the acquirement of her students by the gradual development of a better system of instruction. In their opinion, there are four chief methods of teaching medicine, and they should come in

the following order: 1. Tell the student what he is to do. (Didactic or introductory lectures). 2. Let him watch the instructor do it. (Amphitheater "clinics") 3. Let him practice it under the teacher's direction. (Section teaching.) 4. Give him the opportunity to be of use by doing it himself under general supervision. (Ward work and out-patient work.) Each of these four processes is to be further subdivided with reference to the three main branches of every subject that is worth teaching, viz., observation, record and reasoning. 1. The student must be told how to observe, how to record his facts, how to reason with medical data. 2. He must watch his teacher in the act of studying cases, recording data and working up those data by reasoning. 3. He must himself practice examining patients, keeping records and reasoning from them under close supervision in small sections—clinics or quizzes. 4. He must be set to work quasi-independently to be of use as a physician himself, first, in the study and care of patients in the wards and dispensaries; second, in the investigation of disease by the collection of cases, reading and experimentation, the whole to be put together as a graduation thesis. Finally, the authors emphasize the need of greater diversity in the methods of teaching of more drill in proper keeping of records and of a broader training in the use of literature. more section work, the wider use of pictures in teaching, increase in the amount of work, adequate supervision, correlation and criticism of the teaching, and examinations on the ability to practice medicine rather than to write or talk it.—Boston Medical and Surgical Journal abstracted for Journal A. M. A.

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### THE JOURNAL OF THE KANSAS MEDICAL SOCIETY.

Was established in June 1900 by Dr. W. E. McVey of Topeka. In January 1904 it incorporated the Wichita Medical Journal owned by of Topeka. In January 1904 it incorporated the Wichita Medical Journal owned by Drs. W. H. Graves and G. K. Purves; and the Western Medical Journal owed by Dr. A. J. Roberts of Ft. Scott. It is now printed by The Gazette Company of Lawrence, Kansas and appears on the first of each month. The subscription price is two dollars a year, or twenty cents

each issue. Correspondence should be addressed to Dr. Hoxie at the Simpson Block, Kansas City, Kansas.

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Counties in blackfaced type are unorganized. The name of the councillor responsible for each is given in parenthesis.

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Atchison.....	C. H. Linley.....	Atchison.....	A. B. Chase.....	Atchison
Barber.....	(Dr. Furst)			
Barton.....	A. H. Connett.....	Great Bend.....	O. P. McPherson..	Great Bend
Bourbon.....	M. F. Jarrett.....	Fort Scott.....	J. B. Carver.....	Fort Scott
Brown.....	A. Leigh.....	Hiawatha.....	L. W. Shannon...	Hiawatha
Butler.....	F. E. Dillenbeck..	Eldorado.....	Anna Perkins...	Eldorado
Chase.....	F. T. Johnson.....	Cottonwood....	S. Steele.....	Strong City
<b>Chautauqua</b> .....	(Dr. Furst)			
Cherokee.....	J. P. Scoles.....	Galena.....	H. H. Brookhart...	Scammon
Cheyenne.....	J. N. Meleign....	Atwood.....	L. G. Graves.....	Atwood
<b>Clark</b> .....	(Dr. Graves)			
Clay.....	A. Pearson.....	Wakefield.....	B. F. Morgan.....	Clay Center
Cloud.....	A. J. Weaver.....	Concordia.....	A. R. Marcotte...	Concordia
<b>Coffey</b> .....	(Dr. Jarrett)			
Comanche				
Cowley.....	J. W. Sparks.....	Arkansas City..	Ernest F. Day.....	Arkansas City
Crawford.....	E. O. Sloan.....	Pittsburg.....	H. B. Copper....	Pittsburg
Decatur.....	C. W. Cole.....	Norton.....	C. S. Kenney.....	Norcatour
Dickinson.....	L. Leverich.....	Solomon.....	Chas. B. Buck...	Abilene
Doniphan.....	R. S. Dinsmore...	Troy.....	A. Herring.....	Highland
Douglas.....	G. A. Hamman...	Lawrence.....	A. W. Clark.....	Lawrence
<b>Edwards</b> .....	(Dr. Graves)			
Elk.....	W. H. Smithers..	Moline.....	J. L. Hays.....	Howard
<b>Ellis</b> .....	(Dr. Cludas)			
<b>Ellsworth</b> .....	(Dr. Cludas)			
<b>Finney</b> .....	(Dr. Graves)			
<b>Ford</b> .....	(Dr. Graves)			



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Geary.....	C. E. Steadman..	Junction City..	W. S. Yates..... Junction City
Gove.....	(Dr. Cludas)		
Graham.....	(Dr. Cludas)		
Grant.....	(Dr. Graves)		
Gray.....	(Dr. Graves)		
Greeley.....	(Dr. Graves)		
Greenwood.....	(Dr. Furst)		
Hamilton.....	(Dr. Graves)		
Harper.....	(Dr. Furst)		
Harvey.....	F. L. Abbey.....	Newton.....	J. W. Graybill... Newton
Haskell.....	(Dr. Graves)		
Hodgeman.....	(Dr. Graves)		
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Kearney.....	A. B. Scott.....	Jetmore.....	C. E. McCarty.... Dodge City
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Kiowa.....	(Dr. Graves)		
Labette.....	(Dr. Jarrett)		
Lane.....	(Dr. Graves)		
Leavenworth.....	C. R. Carpenter..	Leavenworth..	R. L. Igel..... Leavenworth
Lincoln.....	(Dr. Cludas)		
Linn.....	J. H. Stough.....	Pleasanton.....	H. L. Clark..... Lacygne
Logan.....	(Dr. Cludas)		
Lyon.....	J. B. Brickell...	Americus.....	D. L. Morgan... Emporia
McPherson.....	Geo. R. Dean...	McPherson.....	Andrew Engberg. McPherson
Marion.....	Dr. L. A. Buck...	Peabody.....	G. P. Marner.... Marion
Marshall.....	(Dr. Alkire)		
Meade.....	(Dr. Graves)		
Miami.....	(Dr. Jarrett)		
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Morris.....	(Dr. Alkire)		
Morton.....	(Dr. Graves)		
Nemaha.....	S. Murdock Sr...	Oneida.....	Noah Hayes..... Seneca
Neosho.....	(Dr. Jarrett)		
Ness.....	(Dr. Graves)		
Norton.....	H. O. Hardesty..	Jennings.....	C. S. Kenney... Norcatur
Osage.....	O. F. Marcotte...	Osage City.....	J. A. Conner... Burlingame
Osborn.....	Hugh R. StJohn..	Alton.....	E. A. Henshal... Osborne
Ottawa.....	C. B. Alpin.....	Delphos.....	J. P. Brewer.... Minneapolis
Pawnee.....	(Dr. Graves)		
Phillips.....	(Dr. Dailey)		
Pottawatomie...	E. F. Richardson.	Onaga.....	E. L. Simonton... Wamego
Pratt.....	Jas. J. Douthart..	Pratt.....	E. A. Gaston.... Pratt
Rawlins.....	J. N. Melugin...	Atwood.....	L. G. Graves.... Atwood
Reno.....	H. J. Dewall....	Hutchinson....	J. E. Faltz..... Hutchinson
Republic.....	(Dr. Dailey)		

Rice.....	E. C. Fischer.....	Lyons.....	C. E. Fisher.....	Lyons
Riley.....	C. F. Little.....	Manhattan.....	J. D. Colt.....	Manhattan
Rooks.....	N. L. Brook.....	Stockton.....	D. F. Stough.....	Stockton
Rush.....	(Dr. Graves)			
Russell.....	(Dr. Cludas)			
Saline.....	W. S. Harvey.....	Salina.....	J. W. Neptune.....	Salina
Scott.....	(Dr. Graves)			
Sedgwick.....	J. F. Gsell.....	Wichita.....	H. S. Hickok.....	Wichita
Seward.....	(Dr. Graves)			
Shawnee.....	E. M. Brockett.....	Topeka.....	Sara E. Greenfield.....	Topeka
Sheridan.....	(Dr. Cludas)			
Sherman.....	(Dr. Cludas)			
Smith.....	B. W. Slagle.....	Smith Center.....	D. W. Relihan.....	Smith Center
Stafford.....	M. M. Hart.....	Macksville.....	Cyrus Wesley.....	Stafford
Stanton.....	(Dr. Graves)			
Stevens.....	(Dr. Graves)			
Sumner.....	S. T. Shelley.....	Mulvane.....	J. T. Jamieson.....	Wellington
Thomas.....	(Dr. Cludas)			
Trego.....	(Dr. Cludas)			
Wabaunsee.....	C. E. Smith.....	Alma.....	A. A. Meyer.....	Alma
Wallace.....	(Dr. Cludas)			
Washington.....	W. M. Earnest.....	Washington.....	Geo. E. Tooley.....	Washington
Wichita.....	(Dr. Graves)			
Wilson.....	F. M. Wiley.....	Fredonia.....	E. N. Martin.....	Benedict
Woodson.....	(Dr. Jarrett)			
Wyandotte.....	John Troutman.....	Kansas City, Ks.....	Jas. W. May.....	Kansas City, Ks

**Medical Journals**—We clip the following from the Journal of the New Jersey society. Its teachings are very applicable to Kansas.

It is with regret that we read the announcement that our old friend, The Medical News, is to pass out of the hands of the Messrs. Lea Brothers & Company into that of the A. R. Elliott Publishing Company on January 1st, '06. The attitude of the latter concern in the matter of nostrum advertising is well known and we believe thoroughly disapproved by the medical profession, and we doubt whether the News will ever do as well under the new management as it has done in the past. The day of the privately owned weekly medical journal is passing away. Its place will be taken by the Journal of the American Medical Association and the various state journals. Like the medical colleges of the present day only the very best and the very worst can live. Mediocre medical institutions are not wanted, so the privately owned respectable journals are ceasing to pay as an investment. They are too expensively run to admit of their being sold for a dollar or two a year and they are not sufficiently large and interesting to compete with the Journal of the American Medical Association.

Furthermore the profession is awaking to the fact that all of these privately owned journals are managed primarily for the profit of their owners and secondarily for the true interests of the profession. Their circulation and influence are bound to decline, especially when published by a business house willing to defy and deride the movement, now so successfully launched, to purify the advertising columns of the national and state journals and to keep them pure. The good will of the profession must be behind any journal, if it is to succeed, and we think that the management of the New York Medical Society Journal has forfeited this goodwill.

## THE COUNTRY DOCTOR.

But the future of the country doctor will not be exactly a copy of the past. Better roads, numerous telephones have changed his life. The rise and expansion of specialism, the facilities of getting to the cities by modern improvements in modes of travel will greatly change his status. Then with improved instruments and modern antiseptic usages, he will also do more and better surgery. It has been proposed by some county societies that the members divide up in such a way that some do surgical work, some take diseases of children, some diseases of women, some fevers, etc., thus making themselves specialists. But I think this has not been successful and never will be. The country doctor must continue his rounds as a doctor of all ailments, and with greater and better resources and more improved appliances, with a broader and more accurate knowledge of therapeutics, and the nature of his largely increased *Materia Medica*, keeping abreast of the time, new appliances and new modes of diagnosis, he will continue to be a great factor in that part of the world in which he revolves, will be honored and loved, bringing comfort to hundreds of homes, awakening and keeping the affections of numberless people; and when the last summons comes to him will be such as Will Carlton so graphically describes :

There is a gathering in the village  
That never was outdone  
Since the soldiers took their muskets  
To the war of sixty-one.  
And a lot of lumber wagons  
Near the church upon the hill,  
And a crowd of country people  
Sunday dressed and very still.  
Now each window is preempted  
By a dozen heads or more;  
Now the spacious pews are crowded  
From the pulpit to the door.  
For which overlet of blackness  
On his portly figure spread  
Lies the grim old country doctor  
In his massive oaken bed,  
Lies the fierce old country doctor,  
Lies the kind old country doctor,  
Whom the populace considered  
With mingled love and dread,  
Maybe half the congregation,  
Of much or little worth,

Found this watcher waiting for them  
When they came upon the earth.  
This undecorated soldier  
Of a hard, unequal strife,  
Fought in many stubborn battles  
With the foes that sought their life.  
In the night time, in the day time  
He would rally, brave and well,  
Though the summer lark was fifeing  
Or the frozen lances fell;  
Knowing if he won the battle  
They would praise their Maker's name,  
Knowing if he lost the battle  
Then the doctor was to blame.  
'Twas the brave old virtuous doctor,  
'Twas the good old faulty doctor,  
'Twas the faithful country doctor,  
Fighting stoutly all the same  
When so many pined in sickness,  
He had stood so strongly by,  
Half the people felt the notion  
That the doctor couldn't die.  
They must slowly learn the lesson  
How to live from day to day,  
And have somewhat lost their bearings  
Now this landmark is away.  
But perhaps it still is better,  
That his busy life is done;  
He has seen old views and patients  
Disappearing one by one.  
He has learned that death is master,  
Both of science and of art,  
He has done his duty fairly  
And has acted well his part.  
And the strong old country doctor,  
And the weak old country doctor,  
Is entitled to a furlough,  
For his brain and for his heart.

Wm. S. Christian in The Virginia Semi-Monthly.

Washington County held its annual meeting on the 20th. There was a large attendance. The speakers were Dr. Hoxie of Kansas City



and Dr. Geiger of St. Joseph. At the banquet Dr. Gardner presided and Drs. Chambers and Maintz and Mr. Graham also spoke. It was a very pleasant meeting. Dr. Sawhill of Concordia, Drs. Parker and Swartz of Clay Center, and Dr. Morton of Green were also present. The official report will be given next month.

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### PNEUMONIA.

"The pneumonia season is rapidly approaching. Soon the various journals will be full of the statistics of past years in regard to the prevalence and fatality of this disease. The pathology and etiology will be thoroughly gone over, but, judging by the past, most writers will have very little that is encouraging to say as regards treatment.

"Several points, nevertheless, must be kept in mind. Whatever drugs are used internally (and this depends very much upon the individual case), the patient must have plenty of fresh air. Do not be afraid of his taking cold on account of the cold air blowing across his face. It is now considered that this is impossible. Also, whatever drugs may be used, keep the body warm with suitable clothing, and use externally some preparation which will cause a comparative lessening of blood pressure in the lungs. Cold applications, besides lowering the vitality of the patient, cause a depletion of the superficial vessels and consequently increase the hyperemia in the lungs themselves. Our attention then would be drawn, per contra, to hot applications. To the most of these there are very great practical objections, such as their inconvenience, their tendency to grow cold very rapidly, and the fact that they must frequently be renewed, thereby disturbing the patients' rest to his manifest detriment.

"We have found but one form of hot application which seems to us to entirely fill the bill, and that is Antiphlogistine. By its means the vitality of the body is conserved, the blood is attracted to the surface and away from the lungs, (its hygroscopic action remarkably enhancing this effect,) and the tone of the heart's action is maintained. Besides this, its frequent renewal is not necessary, and the patient's rest is not thereby disturbed. Practically we know that by its use the patient is made much more comfortable, the fatality is much decreased, and if abortion of the disease is possible, we believe it can be accomplished better by this means than by any other.—Kansas City Medical Record, October 1905.

# The Journal

OF

The Kansas Medical Society

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**Topeka, May 8, 9, 10**—We are to meet in Topeka in order that no one may say that we chose an out-of-the-way place. The best of the papers read in county meetings are being rewritten for the state society. The program will be arranged in symposia somewhat more definitely than last year. In general we expect an improvement in every way on previous meetings.

**Boston, June 4-7**—We wish to remind all others who wish to make up a Kansas party to the Boston meeting, that their names should be sent to this office at once. It certainly will be pleasanter to go in a crowd than to hunt around for companionship among a lot of strangers. The meeting will be important because the question of drugs, of directory, and in general the matters on which the A. M. A. is now being attacked will come up for settlement. By the way, we hope that the state society will elect a delegate who will at least attend the meeting.

**The January Number**—The foreman in the Gazette printing office where this JOURNAL is printed, left suddenly when the January issue was about half completed. As a result the cover was run off without consulting your editor,—and the advertising forms, (containing the last pages of the reading matter) were thoroughly mixed up. The editor apologizes for presenting such a JOURNAL. Moreover, the whole 1630 copies printed were mailed out, so that we have none left for our files. If anyone is willing to return us his copy we will pay him ten cents for his trouble.

**Concentration**—Inasmuch as your editor expects to retire with the Topeka meeting, he feels freer to speak on the matter of society policy. For instance, the editor and secretary **must** be one and the same man,—and we can not find a better man than Dr. Huffman. The president should be a man not only heartily in sympathy with the organization movement, but also one who has had some familiarity with its practical furtherance.

The organization movement is still in its swaddling clothes and will need powerful protection in order to live and thrive. We should therefore go out on a still hunt for such a big, broad, enthusiastic man.

**The State and the County.**—The relation between the county society and the state society seems not entirely understood. The relation is essentially the same as that between the states and the nation in our political government. Therefore just as our nation became strong only when the central government was made predominant, so our organized profession will be strong only when the county societies loyally own and support the state society. To illustrate with a case corresponding to the position taken by the southern states before the Civil War: Wyandotte county votes by its delegates at the state meeting to maintain an official state journal. The county society also votes to maintain a local county organ. In other words the Wyandotte county society maintains two official organs. That is, Wyandotte county believes, as did the southern states, that it is a sovereign society and that only delegated authority is given the state society. This is a correct principle,—but, as the experience of our nation showed, so the experience of medical societies is still demonstrating,—that the successful organization demands the closest sort of union,—that the closer the federal control the stronger the organization and the greater benefit to the individual doctor. When we try to serve two sovereigns, our allegiance is so divided that neither is satisfied and neither receives assistance enough to be of moment in the world. We use this simply as an illustration to show how little understood is the need for the county societies to realize the oneness of their relationship to the state. Each county society should take upon itself the burden of the problems confronting the state society, and thrash out the opinions of its members so that its delegate may vote intelligently at Topeka. Each county society,—yes, every physician is benefited by the success of the state movement.

**The Death Certificate**—The Western Druggist proposes that dispensing physicians shall be denied the right of signing death certificates. We agree with the Medical Standard in believing that such a restriction would not be an unmixed evil, in fact no death from "unknown causes," should be permitted to pass on to the records of the Board of Health. If we are to have a coroner, let us be logical and have a skilled pathologist elected to that office, and make every corpse pass through the autopsy room. Certainly no step would do more to advance medicine—both scientifically and professionally. The incompetent men would be exposed (What a howl would be raised!) and the wicked would be punished. On the other hand if scientifically conducted such routine examinations would throw more light on disease processes than could be obtained by any one other means.

The Western Druggist makes its suggestion in spite—but we would say to both the dispensing physician and the aggrieved druggist, “God speed you. Let us have both dispensing doctors and official necropsies.”

**Please Send** your check at once to your secretary for the 1906 dues. It's hard on the secretary to have to “dun” you. You won't like it when he does it. **Do it now!** We are wondering if Dr. Jamieson of Sumner county will be the first to say, “All our 1906 dues are paid.”

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## THE PHYSICAL BASIS OF FATIGUE.\*

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(A Non-practical paper.)

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J. M. LATTA, M. D.

Wichita, Kansas.

I find myself at the outset, facing an audience whom I have nothing to teach, from whom I have much to learn.

Is there any excuse for offering a somewhat non-practical paper to a society such as ours? If such an excuse can be discovered, it will be found, most likely, in a consideration of the following facts;

It is perhaps worth while occasionally to go back to fundamentals. The organic body with which we have to deal is literally boundless in its internal complexity, and equally boundless in its external relations. We must divide our time and energies among the various phases of life, normal and pathological. “No man whose nose is always on the details of observation is a safe fact gatherer, while no man whose head is too high above such necessary drudgery is a safe generalizer.”

We are many of us deficient in the imaginative faculty, which, according to Tyndall, is one of the most valuable attributes of the scientific mind. Lacking this faculty, we fail to picture to ourselves clearly the facts and processes we study. When we study tissues under the microscope we are apt to form conceptions of these tissues as being in size about what they appear to be. The power of language to express thought appears to outrun thought itself. We speak of certain cells as measuring so many thousandths of inch, but we actually think of them as being much larger. In the study of histology, I examined a great many specimens of muscle fibre, and could state without hesitation the size of these fibres in thousandths

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\*Read before the Kansas Medical Society at Wichita, May, 1905.



of an inch. It was years afterwards, and then by the merest accident that I found out that the actual diameter of a voluntary muscle cell is nearly identical with that of the gossamer thread of the spider which I have seen thousands of times floating over the evening sunshine. The practitioner of internal medicine does well to recall sometimes the almost infinitesimal smallness of the living elements with which he has to deal. It may not be out of place also to remember the physical reason why these organisms are small and must remain so. As spherical bodies increase in size, the contents of the sphere increase much more rapidly than the surface area, hence in the case of living cells it soon becomes impossible for the surface to absorb enough food to sustain the interior. The healthy cell solves this problem by division, while weaker cells, like the "giant cell" of pathology, die a lingering death. "Cellular Pathology," has been an established phrase in medical science for nearly half a century, but do all of us yet have a realizing sense of the fact that all pathology is cell pathology. That pathology is only perverted physiology, and all life is cell life? That the intercellular spaces even when occupied by bone, tendon, cartilage, the eye lens or the liquor sanguinis are dead spaces? They have no part in life except as avenues for the approach of food, or for the removal of waste. The cells that frame bone, cartilage, etc., confer no more life upon the product than does the stone mason upon the wall he builds.

Again in medicine, we are continually undergoing the risk of dropping into the antiquated and well worn rut of supposing that disease attacks whole tissues or organs as such, and that internal remedies attack disease in wholesale tracts in the same way. Ancient and honorable as this notion may be, we need constantly to remind ourselves that such doctrine no longer has any force. To measure the tremendous distance dividing the earth from the nearest fixed star requires no power in figures that does not reside in the simple nine digits; in like manner the largest aggregate organic activity, normal or diseased, contains absolutely nothing except the multiplied powers of a microscopic speck of protoplasm. Not infinite energy itself has ever succeeded, or probably ever will succeed in building a unit of life large enough to be fairly visible to the naked eye. There is an old maxim that "the true physician is made at the bedside," but many a well worn maxim presents hardly more than a half truth. There are many things medical that we never learn at the bedside, and others that we rapidly forget if we devote ourselves entirely to clinical experience. These considerations warrant the assertion that there may be great value in an occasional deliberate plunge into the so-called "non-practical."

The study of fatigue readily resolves itself into the examination of three elements: the sensations produced, the lessened power of work and the results of metabolism, fatigue products. Science has studied these

processes partially in some tissues, has failed to grasp even the means of investigation in others; and complete results have been obtained in none. The purely sensory functions of the body, as the special senses, can be tested, but the multitudinous sensations of the brain, of which the sensation of fatigue is one, elude investigation. Even if we appeal to the psychologists, according to Gowers we accomplish nothing. Hence there remain for study in fatigue only the remaining elements: diminished power of work following over exertion, and the chemical products of metabolism.

Relating to the power of work. Physiology has been revolutionized by a revolving cylinder yielding tracings of the movements of an oscillating arm. Every animal process that can produce a movement is thus susceptible of accurate study. When a muscle is attached to one of these mechanisms so as to leave accurate records of its contractions, it is found that rapid successive contractions steadily exhaust the muscle until stimulus will no longer cause contractions. If now distilled water is passed through the blood vessels of the muscle, it will again respond to stimulus. What happened in this case? Before answering this question let us turn for a moment to two well known facts, having no very apparent relation to the question. If gas of a proper composition is admitted to an engine adapted to its use, only the proper application of a spark is needed to produce the explosion that drives the engine. Unless the engine be emptied of the waste products, however, the passage of a second spark will produce no effect. During the explosion that lent power to the engine for the accomplishment of work, two things occurred, first the gas capable of exploding was in great part consumed, and second waste products were formed that would resist passage of a second spark. Again if a culture medium be inoculated with bacteria suited to the medium, at first a rapid growth of bacteria occurs, later on there comes an inhibitive slowing of bacterial growth, and still later, complete suspension of growth, followed in some instances by death of all the contained bacteria. Here again among many things two have happened that have some illustrative force bearing on our subject. The growth of bacteria in the culture medium while consuming the bacterial food produced excrementitious products that gradually inhibited the growth of the colony and finally destroyed it. The balance between food supply and injurious products in this case might readily be such that the death of the bacteria would occur before the exhaustion of the food supply. While admitting a liberal allowance for difference in the character of the activeness contrasted the application of the two instances to cell activity is not difficult. Evidently during muscle contraction some products were formed that either destroyed the power of contraction or obstructed the passage of nerve impulse. Failure was only partly due to lessened food supply. Water could not supply muscle

food. It could only wash out fatigue products and remove obstruction. Fatigue then is directly due to two chief factors, the consumption of food supply and the accumulation of fatigue products. In muscle some of these products are fairly well known, including phosphoric acid, acid phosphates and carbon dioxide. Washing these out of muscle will increase its power of work, conversely injecting these products into a muscle, as also the injection of the blood of a fatigued animal, will produce fatigue. Fatigue of one organ of the body lessens the power of other organs to resist fatigue. Mental work, hunger, anxiety, anemia, and heat, especially when associated with moisture and low barometer, lessen muscular energy and hasten fatigue.

The function of a cell determines in a great measure its method of expressing in the nerve centers its condition and the definite part of the brain to which the condition is reported, thus giving rise to various and complicated sensations. Fatigue of the auditory apparatus confines itself to that tone or group of tones to which the ear is exposed, this fatigue is recovered from rapidly and does not lessen sensibility to other tones. Light stimulus of great intensity and long duration produces retinal fatigue beginning at the center and spreading to the periphery. Another form of vision fatigue more commonly felt is due to over exercise of the accommodative apparatus. The various taste sensations are fatigued by continued stimulus. Likewise the olfactory nerve is more or less exhausted by too long continued sensations.

High specialization in cell structures lessens its direct ratio the requirements of independent existence. The nerve cells are the most highly specialized cells of the body and their power of nutrition is correspondingly lowered, thus making neurasthenia one of the most common of the cell system derangements arising from fatigue.

It is almost certain that fatigue is never purely functional in either its normal or its abnormal forms. The production of well distinguished fatigue products of a chemical character was noted above. The studies of Hodge and others on the microscopic changes in nerve cells in insects after work, and the increased temperature and changed color in muscle produced by over work noted by some investigators all tend to prove that work and its attendant fatigue are manifestations of purely chemical and physical processes.

While fatigue depends principally on metabolism, its manifestations are governed greatly by the relations existing between tissues and organs. The passage of food to the tissues, including oxygen from the lungs, is attended by a number of delicate and complicated processes, digestive, osmotic and selective, and any disturbance of these processes may cause any dependent tissue or organ to be starved into pathological fatigue, or



poisoned by food, secretions, or excretions of improper character. In these cases if the fatigue reach a pathological magnitude, it may delay relief until the primary defect is remedied. No link in the whole chain of complex activities is more important than the action of the cell itself when it selects from the outside nutrient medium food suited to itself, carries on its own internal metabolism and lastly discharges its excretory products.

The direct causes of fatigue are few in number compared to the indirect causes springing out of the relations of different tissues and organs to each other. Here anything like completeness must cover nearly the whole domain of pathology. Thus Mettler in dealing with the secondary causes of neurasthenia says, "Some consideration will have to be given to the cellular vibratory theory of Beard, the spinal hyperemia and anemia account of Hammond, the dyspeptic malnutrition of Hayen and Winter, the faulty cellular metabolism within the sensory tracts of Jewel, the vaso-motor irregularities of Dumas, the gastro intestinal disarrangements of Leven, the enteroptosis of Glenard, the autointoxication theory of Rouchard, the cerebro-spinal hypotonia of Cheron, and the altered nutrition in nerve elements of Erb and others."

Fatigue is still an obscure subject notwithstanding the close attention given to it in recent years by such men as Galton, Gowers and Foster, of England, and Mosso of Italy. Our accurate knowledge of its underlying elements is so limited that any practical therapeutic application to be mentioned in a paper on this subject must be brief also.

The proved existence of fatigue products and their detrimental action on cell work of course point to the importance of assisting excretion. The duty of examination of the whole line of activities between the entrance of food and the elimination of excretions is also evident. Rest of a certain kind may also be mentioned. The activity of a part, as of the brain, is accomplished by increased nutrition, but the vaso-motor nutrient areas are frequently much larger than the particular part of an organ engaged in work. It is possible in some cases to bring increased nutrition to a resting area by the nutrient stimulus caused by an adjacent working area. Thus a mere change of mental activity from one subject to another may give a very decided resting effect. These are all the therapeutic suggestions that occur to me as growing out of a purely scientific study of fatigue. To go any further would take us into the field of therapeutics and would end in an apparent attempt to say something "practical," a consummation I have deliberately tried to avoid.

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#### DISCUSSIONS.

**Dr. Bolton** thought that the paper was especially practical from a therapeutical standpoint, and contained many practical points for the gen-



eral practitioner. It shows the possibilities and probabilities in going too far in any vocation in life,—mentally, physically, or with drugs. It shows us that we should stop at the borderland. It shows the results of excessive physical exertion of therapeutic measures, and the effects of toxins in various infectious fevers. In fact, a very **practical** non-practical paper.

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## THE VALUE OF ANTISEPTICS IN THE TREATMENT OF INFECTED WOUNDS.

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GEORGE M. GRAY, M. D.,

Professor of Surgery at the University of Kansas.  
Kansas City, Kansas.

The estimate of value we place upon any of the antiseptics we make use of for destroying pyogenic microbes that may have been introduced into wounds is governed largely by the results we obtain, and are not always to be relied upon as proving the value of the antiseptic employed. As wounds made upon the person of individuals where the integument is not previously prepared and the field is in danger of being unclean may or may not contain pyogenic microbes, and consequently may or may not have suppuration in such wounds even where no antiseptic is used. Wounds that are accidentally inflicted are always very likely to be infected by some of the pyogenic microbes, and the generally adopted treatment in such cases is always to thoroughly cleanse by liberal use of soap, warm water and brush. Then the surrounding skin and all parts of the wound is subjected to the action of some antiseptic for the purpose of destroying any micro-organism that may have been introduced into the wound either from the instrument that inflicted the wound or the clothing or person of the injured party. But in spite of this the behavior of the wound will depend to a great extent upon the number and variance of the bacteria that have been introduced into the wound.

After an experience of five or six years in the treatment of accidental injuries received in one of our large packing houses I have become somewhat skeptical as to the value of any of the antiseptics in general use in this class of injuries. The injuries that make up the majority of these

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\*Read before the Golden Belt Society, June 7, 1905.

cases consist of incised wounds of the fingers, hands, and arms, some punctured, contused, and lacerated, but all are infected wounds, and many of them suppurate under the most thorough antiseptic treatment as applied successfully to ordinary wounds.

When Sir Thomas Lister, some twenty-five years ago, introduced his antiseptic method of treating wounds the air was supposed by him to be the medium through which organisms are conveyed to the wound. Previous to that time the air had been supposed to exert an unfavorable action upon freshly wounded surfaces, and to the action of the air was ascribed the suppuration which occurred so often in compound fractures. It is now known that the organisms found in the air consist of spores of mould or yeast fungi as well as bacteria. While the bacteria are more numerous in the air of rooms the fungi predominate in the open air. The air of cities contains more organisms than that of the country, but conditions that favor the growth of bacteria do not exist in the air. The necessary warmth, moisture and nutritive material do not ordinarily exist in the air. In fact, conditions exist which are extremely unfavorable to the growth of organism, which we recognize as infectious to wounds. One should not therefore expect to find pathogenic organisms in the air but in organic substances. Here they find a soil suitable for their growth, and it is only when the warm or moist substances are converted into dry dust that these organisms are temporarily blown about in the air. The bacteria swarming in foul ponds are therefore not conveyed to the atmosphere, and thus it happens that the foul air emanating from moist and putrifying substances, such as exist in sewers and privies, contain fewer bacteria than the air of the streets. The danger of infection from the air therefore is slight compared with direct contact with infectious material.

The spray was introduced with the idea of surrounding the wound with a cloud of antiseptic vapor. When the spray was abandoned great attention was still given to the air of the room, and it is even now thought necessary by many to scrub the walls of a private apartment with antiseptics before an operation. The most important point to be remembered however, is that the dust in the air should be allowed to settle, and that sweeping and cleaning should not be resorted to immediately before an operation.

It is now generally recognized that the principal source of wound infection is through contact with objects which are septic, such as the unclean skin of the patient, the hands of the surgeon, instruments, sponges, sutures, and dressings. The success in treatment of accidental wounds, where many of the important safeguards employed by the surgeon in operations must be and are of necessity omitted, should lie in the completeness of the infection of the wound and surrounding surface. At one period the value

of certain chemical substances as disinfectant agents was much more highly prized than at the present time. The essence of the antiseptic method consists in the bacteriacidal power of the drugs. Of the great number of chemical antiseptics that have been brought forward for this purpose carbolic acid and bichloride of mercury still hold first places. Carbolic acid was first used by Lister, and it has had a long and well deserved popularity. It was found, however, to be much weaker in its germicidal action than corrosive sublimate which was introduced by Koch. Very strong watery solutions of carbolic acid (one to twenty) were found necessary to be of value, and the irritating action upon the skin is often a great objection; but carbolic acid in this strength has one property not possessed by any of the other antiseptics, and that is the anesthetic property, and for this reason is more generally used than some of the more powerful antiseptics. Formaldehyde in 1 per cent solution is a more powerful germicide, but has the disadvantage of being painful, and for this reason is rarely used more than once. When Hoch first introduced Bichloride of mercury, his experiments showed that in the strength of 1:1000 it was able to destroy both the cocci and the bacilli in a few seconds. The experiments conducted by him consisted in treating a thread infected with various organisms, and in then placing in a culture medium, Geppert showed that washing the object with water was not sufficient to remove the antiseptic, and that consequently small quantities of the agent being transferred with the disinfected object into the culture medium hindered the growth of organisms, and thus vitiated the experiment, and where the bichloride of mercury was precipitated with sulphide of ammonium, Geppert found that 1-1000 solution often failed to destroy pyogenic micro-organisms, and corrosive sublimate is therefore shown by these experiments to be a much less powerful germicide than was originally supposed, and we are now satisfied that none of these chemical antiseptics now in general use are capable of destroying these pyogenic microbes when once introduced into deep wounds, and the results obtained in laboratory experiments cannot be obtained in practice. Here we have many obstacles to overcome. The flow of blood washes away the antiseptic, and it is often difficult to reach every part of the wound, and the length of time we are able to keep the antiseptic in contact with the wound is often too short a time to destroy the germs, even if they come in contact with it. Wounds that are small and deep opening a tendon sheath or wounding the tendon are the most difficult of disinfection, and should never be closed without a most thorough cleansing with some of this antiseptic solution, and in fact I do not think it is good and safe practice to ever close such wounds when received under such surroundings as exist in a packing house, without first disinfecting and packing the wound with sterilized gauze saturated with some antiseptic as

strong at 1-20 carbolic or 1-1000 bichloride for twenty-four hours. I am satisfied that I can obtain much better results in tendon suturing, where the same is necessary, by first thoroughly cleansing the parts with soap and brush, swabbing out the wound and irrigating the same with bichloride 1-1000 and packing the wound with sterilized gauze and waiting for twenty-four hours before attempting to repair the tendon or close the wound. And after twenty-four hours if there is any evidence of an infection in the wound, we must wait until the same has been overcome. In compound fractures received in surroundings where infection is likely, we should never close the wound at the first dressing, but if the wound is not large enough to permit of thorough examination of the parts and thorough cleansing, make the wound larger and pack to the most dependent part of the wound with sterilized gauze, immobilize the part and wait until you are certain that your wound will not suppurate before making any effort at closure.

If we were certain of destroying these pyogenic microbes that have been introduced into these wounds by any means, then we would close our wounds immediately, and have no fear of results; but we are not certain. When once introduced into a wound of this nature, we can never be certain of preventing suppuration, and if we are to have suppuration, we want the wound open. And if we have an infected wound, we can remove the infection quicker and more certainly by packing it with some antiseptic gauze, getting the advantage of capillary drainage for a few hours than we could by irrigating with any of the antiseptic solutions, for one half or one hour and then closing the wound.

Iodoform, often used as a dressing to wounds has but feeble power as an antiseptic, and if used should be first sterilized. Creosote dropped into the wound, after thorough cleansing with bichloride solution 1-1000, just before closing seems to be of value. Also chemically pure spirits of turpentine used in the same way. And Dr. Miller who assists me in the care of the Armour work, uses either creosote or turpentine in this way, dropped into the wound with a pipet just before closing the wound, and I am convinced that this is good practice, fewer wounds suppurating under such treatment.

As to the value of carbolic acid and bichloride of mercury, the two most popular chemical antiseptics, I am convinced that they have been the means of causing death in more cases than they have saved from death, and think that we would not suffer much if we discarded them altogether, substituting something milder, as the normal salt solution. I have seen a great many persons poisoned by both carbolic acid and bichloride of mercury, even in weak solutions, and they should never be used in large abscesses or cavities that do not drain perfectly. I will recite the following case as illustrating the danger bichloride in abscess cavities with small and imper-



fect drainage. Was called November 15th to see S. J., a laborer, 28 years old, who gave the following history. About six weeks prior to this date he began to feel some pain about the hip, gradually growing more painful, and the thigh became swollen and tender. A physician was called, and after the use of antiphlogistine and treatment for rheumatism, another physician was called in consultation to determine if possible whether there was an abscess in the thigh or about the hip joint, but it was decided that there was no pus, and the poulticing was continued for some ten days longer, when the physician felt quite sure he had an abscess to deal with, made an incision over the greater trochanter and evacuated a large quantity of thin and very fetid pus. Now he began to irrigate once daily this cavity with a solution of 1 to 5000 bichloride of mercury, and after the use of this solution for one week, his patient began to have very severe intestinal cramping and diarrhoea. At the time I saw him, the physician had discontinued the use of the bichloride for one week, but there was little improvement in the condition of his patient. The bloody mucous stools and severe abdominal pains continued. Patient was emaciated and suffered greatly unless relieved by an opiate, was unable to take sufficient nourishment, and continued to grow weaker, and died of exhaustion a few days after my visit and about three weeks after the first symptoms of poisoning began.

Now in this case there were two reasons why the bichloride of mercury should not have been used. First, the abscess cavity was too large, second, the drainage incision was too small, and for these reasons either bichloride or carbolic acid would have been dangerous. And then if incisions large enough and numerous enough had been made, there would have been no need of any irrigation of the wound, and the patient might have gotten well. And again, certain tissues do not tolerate any of the antiseptics well, namely: the pleura and the urinary bladder and peritoneum, and should never be irrigated with any of the antiseptics, in any strength. I have never seen a case of empyemia improved by irrigating, and have often observed a marked improvement by discontinuing daily irrigation.

In conclusion, I will say that in the treatment of infected wounds, we should not depend upon any of the chemical antiseptic agents to destroy the infection, but upon nature to check the process by damming in the bacteria with a wall of leucocytes, and if necrotic areas occur resulting in abscess formation these should be freely incised, and the pus evacuated, the cavity packed with sterilized gauze. Never forgetting the fact that nature is hard at work trying to limit the process that we seek to cure. And we should not hinder nature in her effort to wall in the bacteria and thus cure the condition. I will only mention here the phagocytic property of the leucocytes and the fact that in the wall built by nature around the abscess there is found perfectly unchanged leucocytes with great numbers

of bacteria within them, showing, I think, their true power or effort to destroy the direct cause of the suppurative process. And our treatment should be on the plan of elimination by evacuation of the pus and provision for drainage. In addition to this, supportive measures should be adopted according to the demands of the patient, never using drugs that are irritating to the stomach, as it is of the greatest importance that we keep the stomach in the best possible condition for feeding purposes. And not persist in a daily application of strong antiseptic solutions that do more harm than good. For cleansing purposes the normal salt solution will be found harmless and more effective.

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## SPINAL INJURIES, WITH SPECIAL REFERENCE TO THE MECHANICAL AND OPERATIVE TREATMENT.

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ERNEST F. ROBINSON, A. B., M. D.,

Associate Professor of Surgery, University of Kansas.

Kansas City.

The question of mechanical interference in spinal injury is one that has only recently occupied the attention of the orthopedic and general surgeon.

The object of this paper is not to enter into an exhaustive discussion of this subject in all its multifarious phases but to detail the result of my own experience in this class of cases, and to outline what I believe should be the modern method of treatment of spinal injuries.

I have avoided a discussion of Potts' disease (tuberculous necrosis) and the various forms of scoliosis, kyphosis and lordosis that may be dependent on paralysis or nerve degeneration.

My experience is based upon the personal supervision of 4 cases of spinal concussion, 3 cases of simple fracture of a spinous process, 1 case of hemorrhage into the spinal canal causing pressure and spinal paralysis, 2 cases of fracture of the vertebrae with complete transverse destruction of the cord, 6 cases of gunshot wound of the spine and cord and 2 cases of fracture and dislocation of vertebrae, in which reduction was accomplished, recovery resulting.

This series of cases presents as a group, nearly every phase of spinal injury, while in no single case is there more than one characteristic group of symptoms.

In the management of these cases, problems of exact diagnosis and treatment have constantly arisen and the ever present anxiety as to a fatal issue or a life of invalidism, has kept the question of prognosis always in the foreground. My own experience has impressed this fact most strongly upon me that a back injury is like a brain injury, never so trivial that it can be ignored, nor ever so serious that hope of recovery need be abandoned.

The symptoms of simple concussion are familiar. The treatment needs no particular comment. The prognosis is usually favorable, (certainly after the settlement of the damage suit involved). Time compels me to dismiss this subject from discussion.

Fracture of a vertebra does not by any means mean cord injury. In three cases, I have seen fracture of a spinous process without other lesion. In one case particularly, was this apparent. The spinous process of the seventh cervical was broken and completely displaced and yet the patient was not conscious of it. He came for treatment on account of a "sore neck," a beam having fallen on his neck and shoulders the day previous. Although the spinous process and arch of the vertebra was fractured, no paralysis or cord injury developed.

Another case of injury to a spinous process occurred in a young boy. In this case the spinous process of the last dorsal vertebra was fractured while playing football.

A similar injury to the first lumbar vertebra resulted from a fall from a horse, in a man of thirty years. In neither of these cases was the cord involved, the tip of the spinous process only being torn loose by the action of the strong fascial muscle attachment.

A complete and sudden motor paralysis from crushing or severance of the cord, usually results fatally, and not infrequently on the third to the fifth day. Especially is this true of gun shot wounds or punctured wounds of the cord. Hyperpyrexia returned just before death in one case of complete destruction of the cord, and in three of the fatal cases of gun shot wound this symptom also developed. This elevation of temperature developed over the whole body, all the cases proving fatal. In no instance did there occur an increased temperature on the paralyzed side only. Such alterations in temperature have been reported by Chossat, Brodie, Hutchinson, and others of the older writers. They are most difficult to explain, but are probably due to a paralyzed condition of the sympathetic vasomotor nerves, and are akin to the unilateral flushing of the face seen in aneurism and some other conditions that involve these nerves. A general

cerebro-spinal meningitis would account for a certain degree of temperature, but the extreme degree of temperature often seen in these cases, can scarcely be rationally explained by a simple infection. Involvement of a "thermogenic" center in the medulla or a central vaso-motor influence is as far as we can carry out explanation.

An example of an additional injury to the vaso-motor or sympathetic nerves occurred in one of my cases, that of concussion of the spine with a fracture of six ribs. In this case the involvement of the sympathetic may have been due to the spinal injury, but also to the injury to the ribs posteriorly for they were broken at the posterior angle as well as in the anterior axillary line. The patient developed a most marked flushing of the right side of the body below the point of injury (seventh cervical) and also profuse perspiration over the whole right side, so that his clothing was continually moist and often wet through on that side of the body.

Priapism was not evidenced in any case. Cystitis developed in three cases and in two of them was ushered in by a sudden rise of temperature. In all the transverse lesions, and those of vertebral injury with compression from the bone or from hemorrhage, there was inability to void urine, which was more or less complete. Loss of control of the bowels was also present in similar cases of severe spinal injury, but in one case of injury to the lower lumbar region (3rd vertebra) this was an early and persistent symptom, although improvement and finally permanent recovery resulted.

It is generally stated that injury to the vertebrae below the second lumbar, fails to give symptoms of paralysis because the true cord ends just above this point, and the cauda equina cannot be easily compressed or injured. While this statement is in general, true, yet it is by no means absolute.

In one case of fracture and dislocation between the second and third lumbar vertebrae there developed paralysis of the bladder and loss of power and sensation in one leg. All of these symptoms disappeared upon reduction of the displacement.

In those patients who survive the first effects of spinal injury, marked nutritive changes and atrophy in the muscles of the paralyzed parts very commonly develop. These changes not only occur from disuse, but also from degeneration of the different nerve trunks. Bed sores develop from the same cause. It is often stated that these "trophic ulcers" are more apt to follow injury to the lower portion of the cord, but it would seem that the real explanation lies not so much in the position of the injury, as from the fact that injuries to the upper portion of the nerve trunk are most often fatal, and it is only in lower cord injuries that the patient survives long enough for the development of this symptom.

The detailed treatment of spinal injuries I will not enter upon, but



there are several points I wish to emphasize. No spinal injury is so slight that it should be ignored. Sprains and twists generally merit no more than rest for a few days in bed. For concussion of the spine (Railway Spine,") after the diagnosis is established beyond question, a well fitting plaster or leather jacket should be worn during the waking hours, rubber soles for the heels, and the usual intelligent massage and mild electrical stimulation.

It is to fracture and dislocation of the spine that I wish to chiefly direct your attention. In a patient suffering from serious shock and often other severe injuries, such a condition may be very easily overlooked.

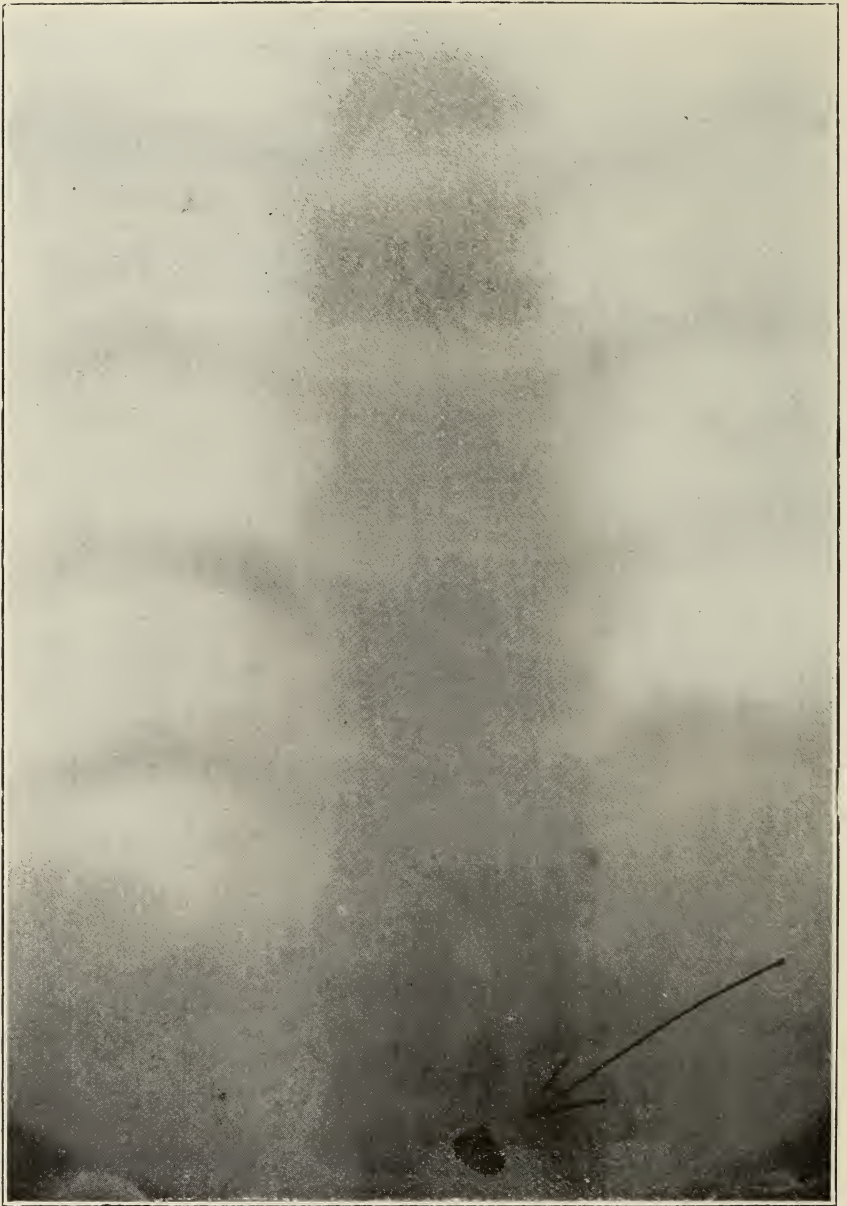
The spine should be very carefully examined in all cases of back injury. The spinous processes should be outlined over the whole extent. A fracture or rotation of the vertebrae can thus very readily be detected. Upon discovering such an injury, an immediate effort should be made to correct it. This is best accomplished by giving the patient a general anaesthetic and having strong extension and counter extension to the feet, head and shoulders made by assistants with the patient prone, while the surgeon by the aid of manipulation, and possibly by the use of a well padded block and mallet forces the vertebrae into place, thus correcting at the same time any rotation that may exist.

The history of two cases of my own will illustrate these points.

The first was a jockey whose horse fell with him in a race. Just as he was arising he was struck in the back by the hoofs of a horse behind him and was knocked some distance, the horse and rider falling with him in a heap on the track. Upon carefully examining him some hours after the accident, it was found there existed a fracture and dislocation between the last dorsal and first lumbar vertebrae, the spinous process of the last dorsal being broken, thus allowing a partial dislocation and rotation of the vertebrae below. Extension and counter extension were made under general anaesthesia, but the rotation of the vertebrae, as evidenced by the spinous process, could not be corrected until some considerable force was used by means of a well padded block of wood and a mallet, the block being placed along the side of the spinous processes and then carefully struck with the mallet until the deformity was corrected. This case recovered completely, although his early symptoms of spinal compression had been quite marked.

The second case in which I was able to correct a spinal luxation, occurred recently. The patient was knocked from a pier into the Missouri river by the breaking of a cable. As he fell he was struck by a falling beam, in the small of the back, Besides the other injuries, which were severe, he had a dislocation between the second and third lumbar vertebrae, with also a fracture of the spinous process of the second vertebra. Although





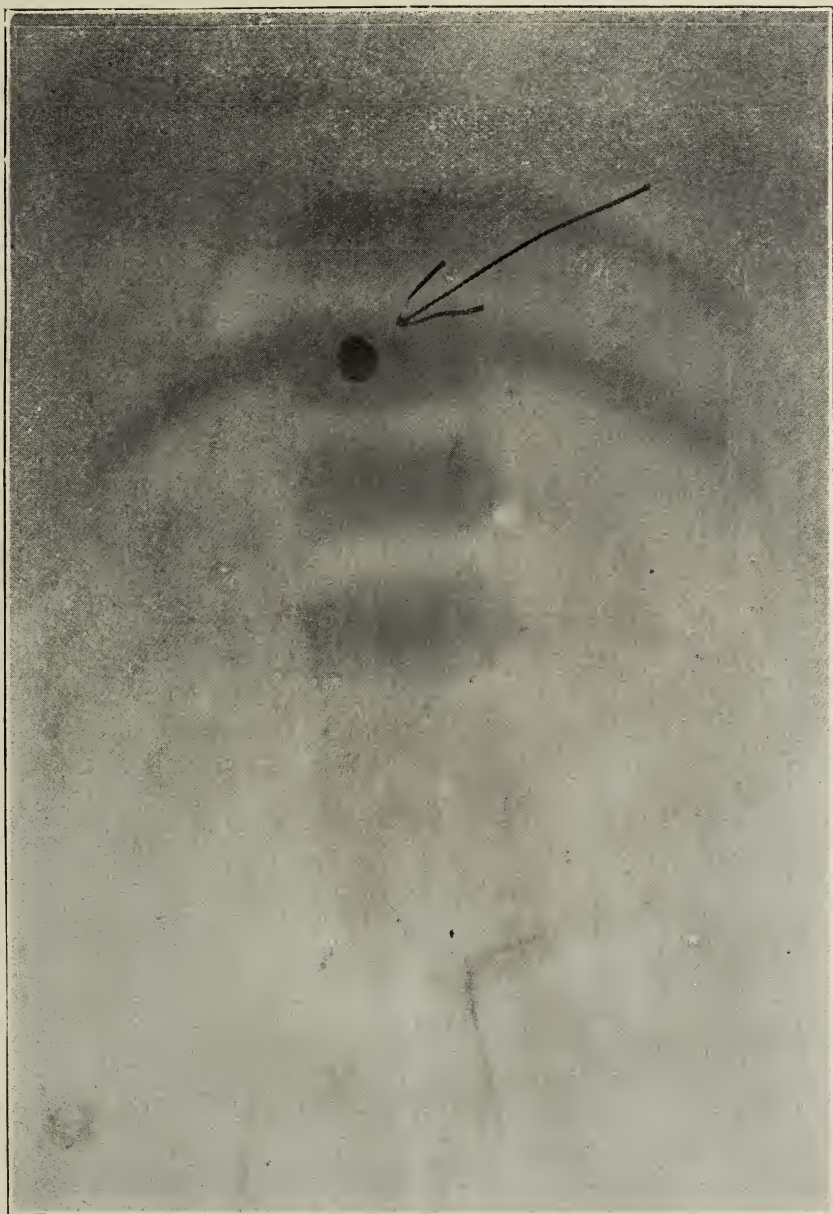
CASE I—of DR. ROBINSON'S ARTICLE,  
Photographed by Dr. C. L. Spaulding, with a Heinze 15 inch coil—Wehnelt Interrupter—  
Anode 22 inches from plate—exposure 3 to 4 minutes.



CASE II—of DR. ROBINSON'S ARTICLE,  
Case of Dr. J. F. Binnie—photograph by Dr. J. N. Scott.







CASE III—Illustrating DR. ROBINSON'S ARTICLE,  
Case of Dr. J. D. Griffith—photograph taken by Dr. J. N. Scott.



the diastasis was low down, he had paralysis of the bladder and numbness and loss of power in his left leg. Under a general anaesthetic extension and counter extension was made and by manipulation the dislocation was readily reduced with the subsidence of all symptoms.

I mention these cases in detail in order to emphasize the necessity of careful examination in cases of back injury, and to impress the possibility and necessity of correction of vertebral lesions. In the after treatment, rest in bed with sand bags to limit motion and the use of a plaster or leather jacket is all that is essential, but the jacket should be worn for some months. In very severe lesions, continued extension might be of service, but in my own experience it has not been used.

Gun-shot wounds and like severe crushing injury to the cord, are most generally fatal. Of those cases that do not immediately succumb to shock, in my own experience, 6 lived long enough to come under observation in the hospital. Four of this number died on the third to the fifth day with complete paralysis and symptoms of spinal meningitis. But added to these symptoms, in three cases the temperature went unusually high, 106 to 112 degrees or higher, the limit of registration by the thermometer being reached. In the two cases that recovered, the cord was evidently not completely severed. This also was the condition present in my operative cases and those of my colleagues, Dr. Griffith and Dr. Binnie, whose cases are herein reported.

Just what benefit may be secured from operation in any case of crush or gun shot wound of the cord is always in a great measure problematic. The fragments, or the missile itself, at the time of injury has, of course, wrought certain degrees of irreparable damage which nothing will relieve. But on the other hand the continued pressure of these fragments, or the pressure of the bullet itself impinging continuously on the cord will very often account for a degree of paralysis that can be immediately relieved by operation. The record of the following cases of gun-shot wounds, in which the bullet was in each case found pressing on the cord and removed by

Case 1. (Dr. Robinson). J. B., 33 years old, on August 2, 1905, was struck in back and left loin by lead slugs fired from a shot gun at close range. In addition to other serious injuries he immediately developed complete paralysis of the legs, loss of control of the bowels and bladder functions. At the time of operation, two months after the receipt of the injury, there existed complete paralysis of the left leg (motor and sensory) and partial loss of motion in right leg. The bowels could not be controlled, but the bladder function had returned. An X-ray picture showed the bullet in the spinal canal between the 10th and 11th dorsal vertebrae. Laminectomy was performed and the bullet was found within the meninges lying to the left of the spinal cord. It compressed the nerve trunk mark-



edly, but there were few adhesions and evidences of cord injury. It was removed without traumatism to the cord and the membranes closed with two cat-gut sutures. The operation wound was closed with drainage for forty-eight hours. Primary union resulted. Six weeks after the operation the patient can distinguish between heat and cold, tactile sense has returned completely to the paralyzed limb. The leg can be flexed and extended on the thigh but the extensors of the toes seem powerless. The flexor muscles of the calf contract on voluntary effort, but the muscles are as yet feeble from long disuse. Much greater return of motion seems promised in this case.

Case II. (Dr. Binnie.) D. H. H., 55 years old, received a gun-shot wound (32 cal) Oct. 2, 1905. The ball struck the vertebral column between the 11th and 12th ribs on the left side causing immediately complete paraplegia. At the time of operation, five weeks later, there was very slight movement of right foot. The tibialis anticus contracted on voluntary effort, and the right knee could be slightly moved in and out. The condition of the left leg was similar to that of the right, but movement was distinctly weaker. Control of the bowels existed, but the urine had to be drawn by catheter. Sensation was normal except for a limited area in the right groin, and on the anterior surface of the right thigh a severe bed sore existed. An X-ray picture disclosed the bullet lying within the spinal canal between the 1st and 2nd lumbar vertebrae. October 25th, 1905, the bullet was removed by laminectomy. Fifteen days later the patient was able to flex and control both knees and ankles, the left less than the right. There still existed paralysis of the bladder, and the movements of the left leg were extremely weak. Sensory condition remained unchanged.

Case III. (Dr. Griffith.) V. T., seven years old, received a gun-shot wound of the spine (22 calibre) October 21st, 1905, which was followed by complete paraplegia, with loss of control of the bowels and bladder.

Laminectomy was performed five days later, when the bullet, with shreds of clothing and spicules of bone, was found in the spinal canal at the 11th dorsal vertebra.

The wound was found infected at the time of the operation, and the spinal cord was lacerated, and some fibres had been severed by the bullet and bone fragments.

No sutures were applied, the wound being left open for drainage. The patient's shoulders were elevated on being put to bed, to favor drainage and limit infection.

Five weeks after the operation sensation had returned over the paralyzed area. The plantar reflex was marked, although the knee jerk had not returned. There was still involuntary evacuation of the bladder and rectum, but the

patient had the sensation of bladder and bowel movement, and was generally able to summon the attendant. Motion had returned to a slight degree in the thigh muscles, so that the position of the legs could be changed slightly. The patient could also flex and extend the great and second toes to a slight degree, and the response of the muscles on the effort at voluntary motion, gives great promise in the next few months.

The most remarkable example of the possibility of this class of surgery is evidenced in the now classical case of Harte and Stewart, of Philadelphia (Transactions American Surgical Association). Such unquestioned recovery occurred in their hands, even after complete severance of the cord and its re-union by suture, that new impetus has been given this class of injuries which have hitherto been considered hopeless. As Dr. Harte remarks, "One actual demonstration outweighs volumes of theory." The exact method in which union or regeneration takes place is as yet a disputed question among neurologists, but that the nerves are capable of repair, is no longer a question of doubt.

In cases in which functional disturbance is comparatively slight, reduction can safely be accomplished by extension and counter-extension, aided by local pressure and manipulation. Even in these cases it is doubtful if simple dislocation can occur without a fracture also of some spinous or transverse process. In these cases the fragments and spicules of bone are so situated that there is little danger of injury to the cord resulting from them.

In the cases, however, with severe functional disorder, marked deformity and probable comminution of the fragments, then Chipault's advice to operate seems most rational. Severe shock should be the only contra-indication. This advice should also apply to the majority of gun-shot wounds, possibly excepting some of those of the high velocity bullet.

Occasionally it may be found that the cord is compressed and so intimately bound down in scar tissue as to seem to be completely destroyed; yet when freed from its adhesions and the irregular jog in the canal straightened or the projecting angle of vertebra removed by the chisel, the cord may so recover as to develop a remarkable degree of restoration of function.

In operating upon the spinal cord, the osteoplastic flap method theoretically has many advantages; but, practically, it can rarely, if ever be satisfactorily performed. The great depth of the wound in which one is compelled to work; the narrowness of the base of the spinous processes, which differ so in each individual, and in fact in each individual vertebra, and the necessary destruction and impairment of the blood supply to the bony parts left attached to the flap, make restoration of the bone in an osteo-

plastic flap a very questionable procedure. Should necrosis occur, the danger of infection to the spinal canal is very great.

In my own case here reported an osteo-plastic flap was thrown back, but upon restoration of the parts at the completion of the operation, the spinous processes were cut away, as their blood supply seemed most questionable. Another point worthy of consideration is that the spine is not very greatly weakened after the ordinary laminectomy. Only about one-half to three-fourths of an inch of the arch of the base of the spinous processes, must be cut away. The strong fibrous, fascial and muscle attachments along the transverse processes and the vertebrae have not been interfered with. The spine has consequently not been greatly weakened.

A laminectomy carefully performed is, I believe, a safe and satisfactory operation, a simple long vertical incision is made in the median line, or a U-shaped flap, with base upward, is made through skin and superficial fascia. The muscles and soft structures are divided down on either side of the spinous processes to their base. Hemorrhage is controlled by packing each side, while at work on the other. With cutting bone forceps, chisel, or osteotome the arches of two or more vertebrae are cut away, and the spinal canal thus exposed. The dura is opened longitudinally; when operation upon the cord itself, may be undertaken, if conditions warrant. The dura should generally be closed afterwards with fine cat-gut sutures, the muscle planes brought into apposition, and the wound closed with drainage for twenty four hours. No especial supporting apparatus is needed immediately after the operation, but a plaster or leather jacket may be worn after a few weeks when the patient is encouraged to be out of bed. Even this support may be unnecessary if the patient is not greatly emaciated.

In the past spinal surgery has promised little. Our present knowledge, I believe, however, justifies the conclusion that it is amenable to the same rules of common sense that are recognized as principles of general surgery.

When the cord is divided or crushed, the old maxim has been "no interference," but it is often impossible to determine that the cord is divided without inspecting it, as the loss of motion, sensation and reflexes are no absolute proof. Again I emphasize Dr. Hart's argument, "No one would hesitate to operate on a case of fracture of the cranium with paralysis and pressure symptoms. Why then hesitate on a similar case of vertebral injury." The teaching that compression and compression only, without injury to the cord, can be benefitted by operation, seems, in the light of our present knowledge, to be without warrant. Even if no transverse lesion of the cord is found, the case can only be benefitted, and if such an injury is demonstrated, then most certainly the patient should be afforded his only opportunity for recovery.

## THE WICHITA MEETING.

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### OFFICIAL MINUTES.

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The following minutes are published at this time to give full and legal notice of the unfinished business to be cared for at Topeka May 8, 9, 10.

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The thirty-ninth annual meeting of the Kansas Medical society was held at Hartman's Hall corner of Lawrence and Williams streets, Wichita, Kansas, May 3, 4, and 5, 1905.

### WEDNESDAY AFTERNOON, 4 O'CLOCK.

Meeting of the Council. Called to order by President.

Members present, L. Reynolds, president; C. S. Huffman, secretary; Councilors, E. T. Shelly, M. F. Jarrett, F. M. Daily, O. J. Furst, and E. E. Hazlett.

Minutes of last meeting read and amended as follows: That the bonds of the secretary and treasurer should be furnished by a surety company, and paid for by the state Society. With this amendment the minutes were approved.

Motion was made that the report of Committee on Re-districting the State be referred to the House of Delegates. Motion prevailed.

### WEDNESDAY EVENING, 7:30 O'CLOCK.

Meeting of Council and House of Delegates, called to order by president, Dr. L. Reynolds.

Roll call by secretary, Dr. C. S. Huffman, after which minutes of the last annual meeting were read.

The following recommendation to amend By-Laws was read by Secretary: The council recommend that Section 3 of Chapter VI of the By-Laws be amended so that the first line shall read, "The treasurer shall give bond in the sum of \$2000," (instead of \$1000): And also Section 4 of Chapter VI, the last line shall read, where it refers to the secretary,—"His bond shall be for the sum of sum of \$1000," (instead of \$500.) Motion was made and carried to accept same, to be laid over one day, and further acted upon.

The following was read by secretary: Resolved, That the councilors be empowered to appoint deputy councilors to assist in the organization, and to promote the interests and welfare of the profession in their respective districts. Carried.

The following resolution was introduced and carried: Resolved, That



the price of the Journal of the Kansas Medical Society be \$2.00 a year. and that receipts for the subscription price be received by the secretary of this Society as full payment for dues for current year, when sent in by secretaries of component county societies.

The chair appointed as Committee on Necrology, Drs. Goddard, Hazlett, and Connor.

The following recommendation to change by-laws was introduced by Dr. J. A. H. Webb: Resolved, That section 3 of Chapter IV of By-Laws shall be amended to read, "Twenty-five delegates shall constitute a quorum." (Through some oversight or misconception the above resolution was not brought up and acted upon, after having been laid upon table for one day, as it should have been.

The following changes in the Constitution were recommended: Section 3 of Article IX,—That the words, "nor councilor," be inserted after the word "delegate," in third line; and that the word "section," in fourth line be changed to "sections," making the section read: "The officers of this Society shall be elected by the House of Delegates on the morning of the last day of the Annual Session, but no delegate nor councilor shall be eligible to any office named in the preceding sections of this chapter." By G. W. Jones, Lawrence.

Be it Resolved, That section 3 of Article IX of the Constitution be amended to read: "The officers of this society shall be elected by the House of Delegates on the morning of the last day of the Annual Session, and no person shall be elected to any office who is not in attendance upon the Annual Session, or who has not been a member of the society for the past two years." By J. H. Connor, Burlingame.

Dr. Hoxie as chairman of Committee on Re-districting the State, made report as follows: We respectfully report two separate resolutions, amending our Constitution and By-Laws. The first one—Resolved, that Section 1 of Article IX of Constitution be changed so as to read, "The officers of this Society shall be a President, three Vice Presidents, a Secretary, a Treasurer, and eight Councilors."

The second recommendation is to amend By-Laws by re-districting the state into eight councilor districts, as follows:

1st Dist. Nemaha, Brown, Doniphan, Jackson, Atchison, Jefferson, Leavenworth.

2nd Dist. Woodson, Allen, Linn, Bourbon, Wilson, Neosho, Crawford, Montgomery, Labette, Cherokee.

3rd. Dist. Republic, Cloud, Jewell, Mitchell, Smith, Osborne, Rooks, Phillips, Norton, Decatur, Rawlins, Cheyenne.

4th Dist. Wabaunsee, Shawnee, Morris, Barton, Rice, McPherson, Marion, Chase, Greenwood, Butler, Harvey, Reno, Stafford, Pratt, King-

man, Sedgwick, Elk, Chautauqua, Cowley, Sumner, Harper, Barber.

5th Dist. Washington, Marshall, Clay, Riley, Pottawatomie, Geary, Dickinson.

6th Dist. Greeley, Wichita, Scott, Lane, Ness, Rush, Pawnee, Hodgeman, Finney, Kearney, Hamilton, Stanton, Grant, Haskell, Gray, Ford, Edwards, Kiowa, Comanche, Clark, Meade, Seward, Stevens, Norton.

7th Dist. Lyon, Osage, Douglas, Johnson, Wyandotte, Franklin, Miami, Coffey, Anderson.

8th Dist. Ottawa, Saline, Lincoln, Ellsworth, Russell, Ellis, Graham, Trego, Sheridan, Gove, Thomas, Logan, Sherman, Wallace.

A spirited discussion followed, in which various members participated. Many objections were raised as to the proposed arrangement of counties. There seemed to exist some misapprehension in the minds of some of the members as to the true object of the proposed changing of boundary lines. Some were in favor of turning down the proposition until some time later on; others insisted that the necessary immediate action be taken, in order to obviate undue delay in getting matters upon a working basis, as well as to facilitate the work of the councilors throughout the state.

When it was explained and made clear that this redistricting of the state meant the formation of councilor districts, and that the object of this measure was to expedite and facilitate the work of the various councilors in their districts, and of bringing in various parts of the state which had heretofore been inaccessible to the councilors, it was moved that the report be accepted, adopted, and committee discharged. Carried.

The following recommendation for changing the Constitution as before noted,—That the number of councilors be increased to conform to the number of councilor districts, viz. eight. (Laid over for one year.)

Report of Committee on Arrangements was called for. Dr. Gsell reported that there was nothing further than that already outlined in program, except that smoker was to be held at the Carey Hotel instead of the Hall, as stated on program.

#### THURSDAY AFTERNOON, 2 O'CLOCK.

The following report from Committee on Necrology was submitted: Whereas, It has been the pleasure of the Supreme Architect of the Universe to remove from our midst our colleagues, J. W. Porter, of Pittsburg, Kans.; D. C. Murphy, Edwardsville, Kans.; and H. D. Chastian, Iola, Kans.; and

Whereas: We, as a Society, miss their fellowship and assistance in building up the medical profession in our state,

Resolved, That we report their absence from our midst with deepest sorrow and regret.

Resolved, That portraits of the departed brethren, with sketches of their lives be published in our Journal, and that copies of these resolutions and Journal be sent to their respective families with our condolences for the loss that they have sustained.

Signed

C. C. GODDARD,  
EDW. E. HAZLETT.  
J. A. CONNOR.

FRIDAY MORNING, 8 O'CLOCK.

Meeting of House of Delegates called to order by President. The following officers were elected for the ensuing year: President, C. E. Bowers, Wichita; Vice President, H. R. Ross, Sterling; Vice President, J. D. Riddell, Enterprise; Vice President, L. M. Powell, Topeka; Secretary, Chas. S. Huffman, Columbus; Treasurer, L. H. Munn, Topeka; Editor, G. H. Hoxie, Lawrence; Librarian, S. G. Stewart, Topeka. Councilor 1st Dist., C. C. Goddard, Leavenworth, Term of 3 years. Councilor 2nd Dist., M. F. Jarrett, Ft. Scott, term of 2 years. Councilor 3rd Dist., F. M. Daily, Beloit Term of 1 year. Councilor 4th Dist. O. J. Furst, Peabody, Term of 3 years. Councilor 5th Dist., H. L. Alkire, Topeka, Term of 2 years. Councilor 6th Dist. W. H. Graves, Dodge City, Term of 2 years. 7th Dist., Assistant Councilor, J. E. Sawtell, Kansas City and 8th Dist., Assistant Councilor, A. L. Cludas, Minneapolis, appointed for one year.

Delegate to A. M. A., Dr. Lawrence Reynolds, Horton, Kansas. Elected for term of two years. Motion made and carried that Dr. Reynolds be empowered to select his own alternate.

All officers were elected for the term of one year, except the secretary which was for the term of three years, and the councilors for the terms designated after their names.

Amendment to the By-Laws, changing the boundaries of Councilor Districts was adopted, and each district will contain the counties named above.

Topeka was selected for place of next meeting. Council will determine the time of meeting, and announcement will be made later.

Immediately following the meeting of the House of Delegates the COUNCIL met. The following report of the Auditing Committee was presented.

TO THE COUNCIL OF THE KANSAS MEDICAL SOCIETY:

We beg leave to make the following report on the examination of the financial reports of the Secretary and of the Treasurer,—we find both reports correct:

Balance on hands of Treasurer, May 6, 1904.....	\$ 866.82
Rec'd from Sec'y and other sources, up to May 5th, 1905.....	1790.05

Total.....	\$2656.87
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Cash paid out on orders of Secy and President.....	692.94
Balance in hands of Treasurer.....	1963.93
Sec'y still has in his hands,.....	131.00
Total cash on hand .....	\$2094.93
E. T. SHELLEY, M. F. JARRETT. Auditing Committee.	

Motion was made and adopted that the secretary be allowed \$150, and the editor \$200 for stenographer hire.

Motion made and adopted that each councilor recommend the names of three physicians to the Governor for him to select from in making his appointments on the State Board of Health and Medical Board of Registration and Examination, and also that a Committee of three be appointed to present these names to the Governor.

Chair appointed on this Committee: Drs. L. H. Munn, C. A. McGuire, and H. L. Alkire, all of Topeka.

Amendment to By-Laws, fixing treasurer's bond at \$2000 and Secretary's bond at \$1000, adopted.

The Thirty-ninth Annual Session of the Kansas State Medical Society closed Friday afternoon at 4 o'clock.

The following resolution was introduced and adopted unanimously:

Whereas: The medical profession of Wichita made a united effort to look after the welfare and comfort of the visiting brethren while in attendance upon the State meeting, Therefore,

Be it Resolved, That we, the Kansas Medical Society, extend to our professional brethren of Wichita our sincere appreciation and gratitude for the splendid entertainment, cordial welcome, and courtesies extended while in the city.

FRANCES A. HARPER, Reporter.

CHARLES S. HUFFMAN, Secretary.

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## COUNCILOR'S REPORT.

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### THIRD DISTRICT.

BELOIT, KANSAS, Dec. 22, 1905.

Dear Doctor Hoxie:

The organization of County Medical Societies in the 3rd Councilor



district is completed. The second annual meeting of the Mitchell County Medical society was held at Beloit, Kansas, Thursday, December 21st. with a good attendance. Dr. F. B. Home, the retiring president, read a very excellent paper on pneumonia and its treatment, the paper was freely discussed by all the members. Dr. S. T. Blades of Scottsville read a paper on "Chloroform vs. Ether in Childbirth," which was well received and discussed with the consensus of opinion with the writer of the paper in favor of chloroform as the preferable anaesthetic.

The following officers were elected for year 1906: Dr. D. S. O'Brien, Beloit, president; Dr. N. J. Saunders, Cawker City, vice president; Dr. M. J. Lobdell, Beloit, secretary and treasurer. A five o'clock banquet-dinner was prepared and served by the physician's wives of Beloit in honor of the occasion at the beautiful home of Dr. and Mrs. E. E. Brewer. The spread was of that character which physicians wives are so capable of preparing. The doctors and their families were royally entertained by Master Loren Brewer with some fine pieces of music on the mandolin.

The meeting adjourned to meet at the call of president and secretary, all feeling that a county medical society is a good thing.

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In visiting the various counties in the capacity of councilor I have observed a great deal of good already accomplished by the county organization plan, and where the organization contains all the eligible physicians in the county, it is there the greatest amount of peace and prosperity exists. In the societies where we find disintegration, jealousies, and personal, petty bickerings there is found the most poverty, both mentally and financially, and where the profession as a whole is looked upon with more or less contempt.

I am happy to be able to state that in my own county (Mitchell) the physicians can be ranked amongst the first for peace and fraternity and as a result are enjoying general prosperity. I desire to make a few suggestions to my professional brethren in the Third district: (a) Join your county medical society which also makes you a member of the state society and through the medium of the society journal that will reach you each month you will be in touch with the progressive element of our profession in the state.

(b) Attend the meetings of your county and state societies regularly and give yours and receive the clinical experience of others. Thus you may be better able to prevent and cure the ills of your fellow men.

(c) If you have been at enmity with your brother physician, get together at once for your own good and that of the community, as well as for the benefit of the profession you represent.

(d) Do not let yourself be deceived into believing that your time is too valuable or that your brain is so well developed you have no need of contact and association with your co-workers; just bear in mind that even the average school board composed of intelligent farmers in Kansas would refuse to employ a tutor for their children if he failed to attend a normal institute or teachers association. Will a clientele like that not expect something more than a life of isolation from the supervisors of their health? Some eminent magazine writer made the statement that organization is the keynote of the 20th century and furnished facts and figures showing the advantages derived by all callings from organization. If further proof is required to convince you that there are compensations for the medical man who spends time and money in attending medical societies and post graduate schools, observe and see if they are any losers in the estimation of the laity, and if they are much poorer financially. I hope that every reputable physician in Kansas will enroll his name with his county society during the early part of the year 1906 and assist in making the medical profession of this great state a real profession, one to which we can all congratulate ourselves to belong.

F. M. DAILY.

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## A GREAT WORK.

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### What a county society may do.

The following letter from one of the leading surgeons of Indiana contains so much of interest to county societies, indicating what may be done in any section where a many as three or four wide-awake men can be gotten together, that we are glad to put it before the profession. "What one man has done, others can do."

VALPRAISO, IND., December 21, 1905.

DR. J. N. McCORMACK,  
Chairman Committee on Organization.  
Bowling Green, Ky.,

Dear Doctor:—Your letter asking me to elaborate our plan of Post Graduate work here, with the view that such an account may be used in inducing other medical societies to do likewise has been received.

I am greatly pleased to have the privilege to do this, not only for your personal gratification, but for the reason that I am confident that it will redound to the very

great benefit of such societies as deem it wise to adopt our plan, as well as to the individual members. It will enable them to do better and more efficient work for the public as a whole, and aid each individual physician in rendering the best possible service to the unfortunate sick.

Our work was begun two years ago by getting every physician interested in becoming more familiar with scientific and practical knowledge which would be an advantage to him at the bedside, and which would broaden him as a physician. With this end in view, we rented a room, formed a club, and endeavored in every way to appeal to and build up the social, scientific, and material spirit and welfare of the profession. From every point of view I desire to report that we have been eminently successful.

In carrying out this plan we divided our work in such a way that each physician was required to act as a teacher of some special subject, and all the others took their places as students once more. Anatomy and Surgery was assigned to one, Physiology and Practice to another, and so on through the list of subjects, one fundamental and one practical branch to each teacher. Our meetings were held twice a week, regular lessons were assigned, and we were expected to be present and give one hour's time to the recitation and study of such subjects as were assigned to that evening. In this way we were enabled not only to exchange individual views as to what we believed, but could always have some good medical authority to place us right if it was found that we were wrong. This plan proved very desirable and we soon learned that the teacher of the topic derived far greater benefit from his course, for the reason that he was required to study more to hold his ground, often against the combined opinion of his class.

After going along in this way for a time it became apparent that our faculty should be changed from time to time, in order that the teachers should become proficient in more than one subject. I desire to report to you that we found this most satisfactory, and that it has resulted in a marked improvement in the attainments of every member of our profession, which means of course of the profession as a whole.

The social feature of our plan has done as much, if not more, for the good of the profession, as the scientific work. I am now able to say that we have no one in this county not on the most friendly terms with the others, and that such condition is because they actually desire to be friendly.

In addition we have kept up our regular society meetings, always with increased interest, and although ours is not one of the large counties I feel safe in saying that we have one of the best, if not the best, society in the State of Indiana and we are resolved to go on and make it still better.

In connection with this work it did not take us long to determine that, in consideration of the increase in the cost of living in recent years, we were not being adequately paid for our services, and we concluded that it was only just that the scale of fees should be increased one half. In order that this might be uniform we all signed the schedule definitely fixing the price of services for both day and night and had this published. It went into effect without a single ripple and has been strictly maintained. I have never heard a complaint on the part of the public or of the agreement being violated by any member. In fact the public seem to understand the necessity for the change, largely for the reason that it knew we were making an heroic effort to give the people better service. The results have been that our incomes have been increased by one-half, and that night work has been reduced to a minimum, giving us the

evenings for post graduate work and to spend with our families. While we have not accomplished all that we set out to do, we have certainly made rapid progress, and are not to stop or falter until our ideals are attained.

Probably this very crude plan might be greatly elaborated and improved, but it has worked so well, and given such universal satisfaction here that I am sure none of us would be willing to disturb our present satisfactory condition.

Should you be able to use what we have done as an incentive for others, or to elaborate it for the promotion of medical organization, you will have the very best wishes of every member of our profession in doing so. With personal best wishes.

I am, most sincerely yours,

DAVID J. LORING, M. D.

(See also "What Bourbon County Did," in the January number of the American Journal of Clinical Medicine.—Editor.)

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## SOCIETY NEWS.

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**Annual Dues**—The secretary wishes that the county secretaries would send in the 1906 dues and reports at once. He must know whom to report to the American Medical Association as in good standing for membership in the national association. Furthermore, unless the dues are in by April first, the county societies are not legally entitled to representation at Topeka. Every member should send in his check at once.

**The Washington County Medical Society** held its first annual meeting and banquet at the Nims hotel, Washington, Kansas, December 20th. there was a large attendance, all the physicians of the county, with the exception of about six, were present, besides a number of visitors from adjoining counties. Drs. Alkire of Topeka and Caton, of Concordia, were unable to attend. Dr. G. H. Hoxie of Kansas City, spoke on "The Therapeutics of Inflammations of the Biliary Tract" in a very able way; his talk was greatly appreciated and a general discussion followed. Dr. Geiger not having arrived we prevailed upon Dr. Hoxie to use the time, which he did by telling us of our school at Kansas City and the work being done there. Dr. Jacob Geiger of St. Joseph, presented a very able paper on "The Present Status of the Treatment of Appendicitis" which was enjoyed and discussed by those present. A general business meeting and election of officers fol-



lowed. In the eve an excellent banquet had been prepared for the doctors and their ladies, about forty being seated, Dr. M. N. Gardner of Greenleaf, acted as toast master; Attorney Neil F. Graham, of Washington, responded to the toast "A Public Benefactor." Dr. Hoxie very kindly consented to respond to "Medical Organization," Dr. Alkire being absent. Dr. J. O. Chambers, Hanover, spoke on "Women," and Dr. R. W. Maintz, Linn, on "Men." We are under great obligations to Dr. Hoxie and sincerely trust we did not offend him by using him as a general utility speaker. We want him to come again and anything he wants from Washington County Medical Society he can have for the asking. Those present were: Drs. Hoxie, K. C.; Geiger, St. Joe; Porter and Swartz, Clay Center; Norton, Green, Sawhill, Concordia; Gardner and Snyder, Greenleaf; Algie and Maintz, Linn; Hoover and Shearburn, Haddam; Chambers and Rudolph, Hanover; Horn, Morrowville, Bolinger, Mahaska; Mathews, Hollenberg, Earnest, Runkle, Nelson, Williams and Williams, Smith, and Tooley, Washington. Officers for 1906: Pres., Dr. M. N. Gardner, Greenleaf; V. Pres. Dr. R. A. Williams, Washington; Secretary, Dr. Geo. E. Tooley, Washington; Treas., Dr. W. S. Runkle, Washington; Delegate, Dr. H. D. Smith, Washington. Next meeting March 21, 1906.

GEO. E. TOOLEY, Secretary.

**Franklin County**—The following letter to Dr. Sawtell indicates some progress in affiliating the Ottawa District society with our united profession: January 8, 1906.

Dr. J. E. Sawtell, Kansas City, Kansas.

Dear Doctor: The Franklin County Medical Society will meet January 31, 1906 at Ottawa. At this meeting we will have our third annual banquet. We expect you to be with us for purpose of affiliating society with Kansas Medical Society and "eat of our bread and drink of our wine." We have a program of toasts and desire you to make a few informal remarks. Please let me hear from you at your earliest convenience, in order that your name may be printed on program.

Fraternally yours,

H. W. WRIGHT,

Secretary Pro Tem.

**Sumner County Medical Society** held its annual meeting and elected officers December 27, 1905. The officers for 1906 are: Dr. J. M. Hunt, Wellington, President; Dr. J. J. Sippey, Belle Plaine, vice president; Dr. J. L. Holliday, Wellington, Delegate. Censors: Dr. W. E. Bartlett, Belle Plaine, for 2 years; Dr. F. G. Emerson, Wellington, for 1 year;

Dr. F. M. Owens, Argonia, for 3 years, Dr. T. H. Jamieson, Wellington, secretary. The society concluded to have an annual banquet the date to be decided later.

Our next meeting was by a vote of the society declared to be clinical. Every member of the society is to bring a clinical case or the history of one. Those who cannot come are requested to write a short history and forward the secretary and he will have the same read. Dr. J. F. Robertson of Caldwell, was elected to membership. After adjournment Drs. Cobean and Martin served refreshments, Dr. Shelley, acting as toastmaster. The following toasts were enjoyed, all present having something to say on the subject. The Physician and His Fee, Dr. Owens; The Physician as a Collector, Drs. Bartlett and Martin; The Physician and His Investment, Drs. Horton and Hannon; The Physician in Society, Dr. Hoke; The Ladies, Drs. Cobean and Holliday.

**The Crawford County Medical Society** met at the city hall, Pittsburg, Kansas, Monday afternoon, January 2, 1906, with a good attendance. Officers for the ensuing year were elected as follows: President, Dr. A. C. Graves, Pittsburg, Vice president, Dr. Geo. E. Cole, Girard, secretary and treasurer, Dr. Frances A. Harper, Pittsburg. The name of Dr. A. O. Blair, Pittsburg, was presented for membership. A very interesting paper entitled "Medical Legislation," by Dr. C. C. Morrison of McCune was read and discussed at length. Meeting adjourned to meet first Monday in February.

**Douglas County Medical Society.**—Will meet in the Court house, Lawrence, Kansas, in regular session February 5, 1906, at 8 o'clock p. m. Programme: Paper by Prof. Herbert Emerson, of Kansas University, subject, "Ferments." Ten Minute Talks by the following: Dr. S. C. Emley, "Widal's Test." Dr. G. A. Hamman, "Ehrlick's Side Chain Theory." Dr. Chas. J. Simmons, "Vaughan's Theory of Immunity." Dr. G. W. Jones, "Metchnikoff's Theory of Immunity." Prof. Lucius E. Sayre, "Sayre's Theory of Immunity." Dr. Edmond R. Keith, "Echinacea angustiflora." Dr. E. D. F. Phillips, "Bile."

The annual meeting was held in Dr. Hamman's office on January 2, 1906. Those present were Drs. Hamman, Chambers, Smith, Naismith, Harvey, Gergen, G. W. Jones and Clark. Dr. Smith, treasurer, made his annual report, showing a balance on hand of \$29.28. Cases were discussed—A football player who is said to have died of cerebro-spinal-meningitis following an injury; a case of tonic muscular contraction for which the diagnosis of cerebro-spinal-meningitis and tetany were suggested and a case of an enormous umbilical hernia (all these cases were fatal) and the last one brought out a discussion of the Mayo brother's new operating for umbilical hernia. Officers for the ensuing year were elected as follows:

President, Dr. James Naismith, Lawrence; Vice President, Dr. F. D. Harvey, Lawrence; treasurer, Dr. Eugene Smith, Lawrence; secretary, Dr. E. J. Blair, Lawrence. Member of the nominating committee to the District society, Dr. H. L. Chambers, Lecompton. Censor, to hold office for three years, Dr. J. P. Gergen, Big Springs. Delegate to State Convention, Dr. G. A. Hamman, Lawrence, Alternate, Dr. H. L. Chambers, Lecompton. The motion prevailed that all meetings held in Lawrence should be in the Court House unless otherwise decided at a regular meeting. It was voted that the Society take means to induce the State society to hold its 1907 meeting in Lawrence. Voted that there be included in the programme of each meeting a section for drugs. Adjourned at 11:30.

**Allen County**—The following communication shows what this society is doing:

IOLA, KANSAS, January 15, 1906.

TO THE KANSAS STATE MEDICAL JOURNAL:

As it takes the combined thought of many minds to reach the summation of best judgment on any subject, a word of what we are doing in Allen County might be an aid or incentive for other counties to do a more persistent work.

Allen county has about forty physicians, thirty-six of which are members of the association. The association has been organized along national plans about two years. For one year we held weekly meetings but since have held meetings monthly. Papers are read and discussed, clinical cases are brought in and examined as other societies do.

About one year ago the association took upon their shoulders the building of a public hospital, a committee was appointed which went to work with a vim, funds were raised and the building put up. This proved to the committee to be a thing of gigantic proportions and before completion the Sisters of St. Joseph of Wichita, kindly consented to help us in our trials; now we have a beautiful modern stone building with all the latest and best hospital equipment of which we are justly proud.

We are troubled little with what are ordinarily called quacks here as the society sees to them at once. There are some little irregularities as all societies find but we are trying to meet them all as they come up. One of the worst of there was the personal "write ups" in connection with obstetrical cases, minor surgery, and other professional business. This was met by resolutions being passed, mentioning the fact that this was unprofessional and asking every paper in the county to withhold the physician's name in writing up accidents, etc. A copy of these resolutions was sent to every paper in the county with a result that a storm of indignation and roasts were precipitated on our heads at once. It no more than got dry

on the local papers till the press took it up at various places over the state as well as adjoining states. They little thought that they were only giving this idea free advertising which will start others to do the same thing. This idea is not original with us but I believe we received the best bonus advertisement of any in the field and if any society has any trouble along that line I would advise them to try it. There has not appeared a name of a physician in the press since. I here with inclose only a sample of the lambasting we got from the press and this from the venerable ancient and cultured city of Ft. Scott, too. Well, it had a splendid and remarkable effect any way, and that was all we wished.

We also recognized the splendid work being done by Ladies Home Journal and Colliers' by making their editors honorary members of our society for which we received their personal thanks, this again brought about a salivation of the local press and a pouring out of epithets, showing where they stood.

One of the greatest evils we will have to meet is the contract practice question. This is a question I believe to be too little heeded everywhere at present. They meet our objections by saying, "If you are going to cut out contract practice you will have to hit the R. R. surgeons, Life Ins. examiners, etc., also." So what are you going to do? I would like to hear from others on this subject.

I doubt if another society in the state of so newly developed territory can show as good a record.

P. S. MITCHELL, M. D.,

Ex. Pres. Allen Co. Med. Soc., Delegate to State Society.

**The Golden Belt Society**—The regular quarterly meeting of the Golden Belt Medical Society was held in the National Hotel at Topeka, Kansas, Thursday, January 4, 1906. Owing to the late arrival of some of the members, no afternoon session was held. After dinner, which had been prepared by the Topeka members, the meeting was called to order at 8 p. m. Both President and Vice President being absent, Dr. W. S. Lindsay, was chosen to preside. The regular routine business was transacted and the following physicians elected to active membership: W. E. McVey, M. D., Topeka, Kansas, graduate of Kansas City Medical College, class of 1888. Schuyler Nichols, M. D., Herrington, Kansas, graduate of Barnes Medical College, class of 1901. G. M. Minney, M. D. Topeka, Kansas, graduate of Kansas Medical College, class of 1903. Robert Stewart, M. D., Topeka, Kansas, graduate of Kansas Medical College, class of 1905. Corban E. Judd, M. D., Topeka, Kansas, graduate of Rush Medical College, class of 1898.

Dr. Ketchersid of Hope, Kansas, presented a clinical case for diagnosis.



Patient male, age 22, family history negative except one sister having had Exophthalmic Goitre. Trouble began in left eye four months ago, about ten days ago double vision appeared in both eyes. Pulse 120. Has vomited but once. Tachardia, heart keeps him awake at nights, nervous. Tender mass can be felt in both eyes, more marked in left, can close eyelids with an effort, this condition getting worse. Protrusion of eye on left side. Enlargement of thyroid not discernable. The general opinion being that the case was one of Exophthalmic Goitre. The cause of these cases difficult to ascertain, usually due to some shock to nervous system, accident and fright.

Dr. Geo. E. Bellows exhibited two specimens of Melano-sarcoma of the eye and the advisability of removal was discussed. Dr. Magee questions very much whether removal does any good or not. It may very early. Dr. Esterly:—"I agree with Dr. Magee in reference to removal in these case, although I know of one case where there has been no return after removal." Dr. Alkire.—"Return is to be expected."

The following scientific papers were read and discussed: Management of Abortion, by Dr. J. N. Ketchersid, of Hope, Kansas. The essayist spoke of the many different opinions and believed it to be a mistake to lay down any absolute rule in their management. An immediate removal not always advisable. Never safe to curette if you can avoid it, as septic trouble may follow. Better follow an expectant plan and wait a few hours. Discussions. Drs. Munn and Stewart, "Empty the Uterus." Dr. Storrs, "Hemorrhage is one of the dangers of waiting." Riddell, "I favor the expectant plan." Wehe, Brunner, Peers, "No absolute rule."

Reports of cases of injury to eye, their treatment, and conclusions by Dr. Geo. E. Bellows, Kansas City, Mo. Dr. Bellows gave history of three cases showing clearly how varied the prognosis and also how serious some of these cases are from apparently slight injuries. Case 1. Left eye injured by a rock, slight abrasion of cornea, ulceration followed which was treated by cautery, effects prompt in 24 hours. Case 2. Left eye injured by clipping from bolt. Cornea not abraded, but had hazy appearance. Ulceration followed and enucleation was done because of low resistance of corneal tissue. Case 3. Injury to right eye by a piece of glass. Severe cut across cornea with prolapse of vitreous. Enucleation. Three things are necessary in treatment of these cases. Removal of foreign body, cleansing with boracic acid solution and atropine. Look out for sympathetic ophthalmia. Remove as soon as vision is lost. Discussion.—Alkire "Difficult to decide when removal is necessary. Endeavor to save eye if possible, cleanse, use ice pack early, give bodily rest, atropine, opium if pain, look for trouble in internal eye; if present open anterior chamber and irrigate. I believe in waiting as long as there is any possibility of vision

in injured eye." Esterly, "I recommend the use of the new remedy, 'Dionin.' Magee, "I use different treatment for different kinds of ulcers. I use carbolic acid as cautery in deep ulcers but not on superficial or pin point ulcers. I differ with Dr. Alkire as to treatment of anterior chamber. I open only as a last resort, don't open unless trouble has extended to deeper tissue. Prolapse of iris is not necessarily dangerous, that of ciliary body is. Treatment,—Boracic acid, glycothymoline, argyrol, calomel, normal salt solution."

A motion was made by Dr. Riddell that we insist on a more complete equipment of the State Laboratory for the diagnosis of infective diseases and on motion by Dr. Ketchersid the matter was referred to the following committee which are to report at our next meeting. Riddell, H. N. Moses, C. E. Judd, Committee.

As a voluntary contribution, Dr. T. W. Peers of Topeka, Kansas spoke on the subject of hot air, giving history of several cases of septic trouble on hand and arm, also eczema, treated successfully by this method.

On invitation from Dr. Witmer, the society voted to meet at Abilene, Kansas, Thursday April 5, 1906. The following physicians were present: Alkire, Riddell, Storrs, Ketchersid, S. G. Stewart, Robert Stewart, Witmer, Esterly, Nichols, White, Munn, W. E. McVey, Magee, Lindsay, Lewis, Judd, Peers, Bellows, R. E. McVey, Leverich, Davis, Brunner, and Wehe.

L. LEVERICH, Secretary.

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(Clipping from the Ft. Scott Republican mentioned by Dr. Mitchell.)

**O! DOCTORS! GEE!**

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**Allen County Medicine Men Listen to This.**

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**FORT SCOTT DOCTOR SPEAKS OUT.**

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**Thoroughly Disapproves of the Stand Taken by the Local Ethical Aggregation.**

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Fort Scott, Dec. 1,—The Republican of this city said today:

"Sometimes egotism may take the form of a fad," said a doctor to a Republican representative yesterday. "Occasionally I see something about the ethics of the medical profession that smacks mightily of 'small deceit.'" as Bret Harte makes 'Truthful James' call it. Now, ethics is the right conduct of any person in a given condition, or under given circumstances. There is no rule of ethics that ought to govern physicians that

would not, also, govern every other profession or calling—and that is to balance exactly one's conduct towards another so as to be just to him and yourself at the same time. Take the following resolutions which were said to have been passed by the physicians of Allen county on the 15th inst.—and which are going the rounds of the press—and you will find things intimated that will not be accepted by some of the most honorable and leading physicians of the world. These resolutions, by the way, are a curiosity. Here they are:

“Whereas, It is opposed to the principles of our honorable profession to make merchandise of our patrons' ailments by the way of advertising,

“Whereas, it is our custom of some to publish their professional actions for advertising purposes;”

“Whereas, the newspapers being unacquainted with professional ethics thereby frequently publish the doctor's name;”

“Whereas, All the above lowers the dignity of the profession and makes public the private rights of our patrons, therefore be it

Resolved, by this society, that the same be condemned and that the newspapers be asked not to publish any doctor's name in connection with professional work; and be it further

“Resolved, That a copy of these resolutions be sent to each paper in the county for publication.”

“That's preposterous. Perhaps some of them don't want all their work told—dead men tell no tales.”

“Let me say in all seriousness, that I believe that if the press were to unite in carrying out the exact wording, or request of those resolutions those doctors would be the first to want some one else to start a paper ‘that would print the news and have something worth reading and that would not be mean and full of ignorant prejudices.’ Suppose those doctors were taken at their word—not a line allowed to appear in any paper about them or their practice, nor concerning anything they might do in the way of a successful surgical operation. Why it would be harmful to the entire community, because every one has a right to know among civilized men what is being done for the amelioration of the sufferings of humanity—and also who are doing the great works or relieving pain and restoring health. Whenever a physician, or any other man of any calling, does aught for the good of his fellowmen, it ought to be known, and to make it known is not undignified, but is really fulfilling the highest code of ethics. A doctor whose code of ethics needs bolstering up by any such egotistical methods has no high code to begin with, and cannot be lowered much.

“Now I believe these sentiments will meet with general approval outside the circle of a few men here and there who think they can bamboozle the public into thinking they are just a little nearer perfection than their

fellowmen simply because the accident of some college has permitted them to tack 'M. D.' onto their signs. As to the newspapers being unacquainted with professional ethics, that depends upon the profession (and with many people 'profession' seems to be all there is in it) and also upon what some may call ethics. At any rate, the Allen county doctors who got up the foregoing probably find the greatest grounds for their egotistical views in the old doctrine promulgated by that select (?) few who are governed by the 'ethics' of the celebrated and historical 'Three Tailors of Turley Street' who, it will be remembered, not liking some of the established legal ethics of England society, protested against it in those renowned resolutions beginning, 'We, the people of England unanimously protest,' etc. They were fully impressed with that good old monarchial tenet of faith that 'majorities are always wrong and mostly brutal.' That seems to be the 'ethics' of such physicians as those passing the Allen county resolutions."

Now then, let the Allen county doctors become gallant 'fidus defensores' and throw down their gauntlets, mount their fiery charges, place lances in rests, and challenge all comers to a tilt for a few vital thrusts on the field "of the cloth of gold," to any who dares even question self-exalting fan farronades."

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## NOTES.

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**Proprietary Medicines, Patent Medicines, Nostrums, and Secret Synthetics.**—We must call attention to the confusion of terms so generally used in the literature upon the subject of proprietary remedies, patent medicines and nostrums. There is great need of clearness in the selection of terms which will definitely convey the intended meaning of those who speak or write upon this question, which has become such a live one to the general public as well as to the medical profession. The authority for the proper use of the words hereinafter is based upon the definitions given in the dictionary, and the United States patent law. A proprietary medicine is an article which any person or firm has the exclusive right to manufacture or sell; which definition includes a medicine of known formula or published process of manufacture, as well as a medicine of unknown formula or secret process of manufacture. The word proprietary should only be used generically, and should never be limited in its application as a synonym of the word nostrum. Proprietary medicines include: 1. Patent medicines, all of which are of known process of manufacture; 2.



Pharmaceutical mixtures of known quantity and quality of ingredients;  
3. Nostrums such as secret pharmaceutical mixtures, and the so-called synthetics, of secret formulae, protected by a trade mark.

A patent medicine is a new and useful definite chemical compound of known formula, the process of manufacture is made public in the patent papers issued by the government; therefore all patent medicines are ethical. A nostrum is a medicine, the composition of which is secret, a quack medicine, or any recipe of charlatan character.

The trade mark protects a class of secret synthetics which are nostrums, they being secret mixtures of some coal-tar product, advertised with a formula such as  $C_1, H_2, N_3, O_4$ . They are not patented, because they can not conform to the patent law which demands that they shall be new and useful, definite chemical compounds.

The public and the profession have a right to be protected from the fraud practiced by the exploiters of nostrums which represent the only class of medicines offered to the medical profession which should be condemned as an insult to its intelligence and honesty. Any internal or external medicine, the formula of which does not state the quantity of its ingredients, and in the case of a synthetic, which does not state the process of its manufacture, is a nostrum or secret proprietary medicine. All nostrums thrive on false statements as to their therapeutic value. And it is the nostrum or secret proprietary venders that have profited by the confusion of terms used in articles written by the authorities in medicine, who should know better than to play into the hands of the nostrum people, who must be considered as parasites on individual and public health.

Within two years articles have appeared by able teachers of scientific medicine, which illustrate the confusion of terms referred to. Transactions of state medical societies and medical journals contain the articles from which the following quotations are made:

1. "The wide use of many proprietary pills or mixtures is a distinct evidence of the great power of foolishness and fraud even when directly opposed to honesty and instructed wisdom."
2. "There are no hard and fast lines which separate patent from proprietary remedies. If their secrecy of composition and method of exploitation they are comparable."
3. "The patent medicines are more particularly directed to the lay public and therefore use the public press as the medium of advertising, while the proprietary literature is addressed more particularly to the medical public."
4. "If there is any apology for the use of proprietary medicines, it

must be due to some deficiency in the physician himself, either to this lack of knowledge of chemistry and pharmacology and physiology and clinical therapeutics, or to his inertia."

5. "The difference between a proprietary and a patent medicine is more apparent than real. There is no good excuse for using these preparations."

These are fair extracts from the articles which do more harm than good, as many of the most valuable remedies used by physicians are proprietary medicines, and should not be condemned as nostrums. Many writers have strongly condemned the use of patent medicines in the face of the fact that all medicines now protected by a patent granted by our government are ethical because the process of their manufacture is known. Recently an editorial article has been published which distinguishes between a patent and patented medicine; such a distinction is of recent origin, and if not killed in its infancy will surely lead to greater confusion than that which now exists in the minds of the profession and of the public.

The old prejudice against a patent medicine dates from the time when a prescription of a simple or compound mixture could be patented, but such mixtures have not been patented in many years, so that the patent medicines of today represent only new and useful definite chemical compounds, the patent covering the process of manufacture, and any competent pharmaceutical chemist, by following the process described in the patent, and reproduce the identical preparation found on the market, but the patent protects against a commercial use of such published process, which in being made public meets every condition necessary to make a patent medicine ethical.

The subject of such monopoly in drugs and other thereapeutic agents is a sociological one, and not essentially a medical question. To use the word "patent" as the synonym and the word "patented" as the antonym as is being done by the some of the workers in the field, is to increase rather than to clear up the fog which surrounds this important subject. The literature is full of such tautology as secret nostrums; the word "nostrum" means a secret "remedy" which makes qualifying it by the word "secret" equivalent to saying that *one should heed the voice of the vox populi*. The reader often leaves several articles in the medical journals upon the question of proprietary remedies, patent medicines and nostrums, and the discussion of the subject as reported in the transactions of the several state medical societies, in a condition of mind best described as confusion worse confounded, which is largely due to the careless use of terms, and the questionable remedies suggested for this evil. It is not unusual to read in many of the discussions before medical societies, which have been reported within the past five years, such advice as: Why not limit the pre-

scribing of physicians to the articles mentioned in the pharmacopeia? Or should not the profession agree to use any medicine; or that all proprietary medicines should be excluded from the advertising pages of the medical journals, and should not be used by physicians? It is such advice which supplies the nostrum journals with the telling arguments in opposition to this great work, which is so often made ridiculous through misstatements and misunderstanding. The medical profession should be in possession of criterion which should help it to decide which of the many samples of medicines left in a physician's office should find their way to the trash-basket. Samples of secret mixtures, protected by trademark, but not patented, which are exploited as definite chemical compounds, or coal-tar synthetics—should be considered as an insult to the intelligence of every physician receiving them. The information about such articles, so often limited to the statement that they do not depress the heart, at once suggests that they are more or less dangerous mixtures of acetanilid exploited as definite chemical compounds with popular names valuable only as commercial assets. Often the workmen in nostrum manufactories who know the secret of some special mixture will exploit such mixture under new, popular names, furnishing formulas such as  $C^5$ ,  $H^{13}$ ,  $O^{10}$ ,  $N^{30}$ , and then circularize and sample the medical profession, expecting physicians to accept such samples, and prescribe such nostrums or secret proprietary medicines, to their patients, which represent as all nostrums do, fraud as to their composition, and false statements as to their therapeutic value.

To sum up: 1. Proprietary remedies include ethical preparations and nostrums.

2. All medicines protected by a patent are ethical.

3. Nostrums include secret proprietary mixtures and secret synthetics protected by the trademark law.

All samples of secret medicines should be deposited in the trash-basket, as every scientific physician should know the quantity of the ingredients in the mixtures which he uses, and should beware of secret synthetics.

The Council of Pharmacy of the American Medical Association has the courage of its conviction and is doing splendid work in education the medical profession along the lines of scientific medicine, and away from the nostrum evil and with the cooperation of the Ladies' Home Journal, Everybody's Magazine, and Collier's Weekly, the same thing is being done for the general public. By the study of pharmacology, the United States Pharmacopeia will come into more general use and scientific medication will be correspondingly advanced throughout the United States.

E. ELIOT HARRIS, M. D. in the New York State Association Journal.

**Unfortunate Prescribing**—The following from the pen of Dr. Phillip Mills Jones of San Francisco is another illustration of the need of careful prescribing:

Not so very long ago a woman in San Francisco consulted a physician, and left his office to go to a drug store carrying three or four prescriptions; one of these was for "Pepto-mangan (Gude)." She presented all of the other prescriptions to the clerk, but held up the one specially mentioned and asked if it did not call for "pepto mangan." He replied that it did. Upon this the lady in question put the prescription in her pocket book and asked for a bottle of "Lydia Pinkham's Compound," saying that if the physician thought one "patent medicine" was good, she thought another was better, and preferred to take that one of her own choosing. What an increased respect for that physician she must have had! How she must have exalted his learning and intelligence. And what a compliment she paid herself—to rank her intelligence so high that she considered herself quite on a par with her physician, when it came to choosing which "patent medicine" she should take.

Now Pepto-mangan is an excellent preparation and the woman injured herself by taking something so different from it as Lydia Pinkham's Compound. But the laity can not think out the difference between an ethical and an unethical preparation. Therefore we must inform our patients something of the character of the drug we wish to use—and not leave the matter shrouded in mystery. We must exalt diagnosis and dethrone drug-giving. We must know the composition of our drugs and show the people why they need a particular preparation.

**The Square Deal in Pharmacy.**—"There are persons who are living more or less voluntarily in a fog, so far as concerns a real comprehension of the purpose of establishing the Council on Pharmacy and Chemistry. The issue is so plain that it should hardly need re-stating, but that further explanation is necessary is evident when we find the official journal of one state association joining hands with those who naturally are in opposition to the work of the reform.

Tersely stated, the object is to secure honesty in pharmacy. Apart from the creation of the false issues, the setting up of straw men, there are no sides to the question. The profession is demanding nothing chimerical or difficult, but it should and must be recognized at once that the dishonest and fraudulent methods of those who are supplying physicians with medicinal articles must be stopped. The profession, the association and the council are desirous of bringing about this absolutely essential reform with so little friction and injury as possible. But in the past, mild protest of a general character have failed to check the evil, so that the adoption of the present effective method became inevitable.

Nothing short of exposing fraud by giving specific examples will compel reform.



The profession needs attractive and reliable pharmaceuticals and welcomes the legitimate efforts of honest manufacturers. Those manufacturers who adopt the platform of the Council on Pharmacy and Chemistry, which is conservative and requires only honesty—are sure of the support of the profession. Common every day honesty is all that is required, and those who are thereby now squealing so loudly are arousing questions as to their motives and methods.

“There being not the least desire or need of punishing anyone for past offenses, it would seem to be an easy matter for the medical profession and the manufacturers to meet on the one common ground of square dealing and to arrange matters for the future so that harmony and honesty methods may prevail. So long as there are fake preparations and misleading literature” the journal will continue to expose them, as a matter of duty to the medical profession and the public. In the meantime, all who are ready to stand with us on the “square deal” platform will be welcomed.”—Journal A. M. A.

**Carcinoma**—In the Bradshaw lecture, Butlin supports very ably the thesis, carcinoma is a parasitic disease. His position is conservative and yet far reaching, —that the carcinoma cell is a foreign and independent body dependent upon the host for sustenance. This cell can live outside the body. It can be inoculated. Now the vital question is, whence comes it—from within or without the body? Butlin evidently inclines to the believe that it is *exogenous*. If we can only cultivate the cell outside the body, a great light will be shed on the problem.

**Aesculin**—When injected hypodermically passes out through the kidneys unchanged. But it renders the tissues sensitive to the Finsen light and facilitates greatly the cure of lupus by the light treatment. Aesculin is fluorescent and renders the urine fluorescent—the dose is one to five drops of a five per cent solution.

**Education and Insanity**—A somewhat novel view of the cause of the increasing frequency is insanity is put forth in a new book on Psychiatry by Stewart Patton (Lippincott's). He believes it the duty of the physician to advise against liberal education for those whose mental equipment might possibly be strained by the effort. We should distinctly recognize the existence of those whose highest function must remain the hewing of wood and the drawing of water. We give below extracts from Dr. Patton's book (from the Johns Hopkins Hospital Bulletin), but caution our readers against using them as an argument against general education,—they point rather to the necessity of a distinction in the modes of education for different individuals and the further development of manual training.

"Every one admits that it is the duty of the physician to warn those with weak hearts or lungs not to overtax those organs. Is it not equally important that the mental welfare of a community be safeguarded? Only some men are born to be educated; how many more, unfortunately, have thrust upon them an education which is disastrous not only to themselves, but also to the community at large. To prevent the sins of overeducated fathers and mothers from being visited upon the children unto the third and fourth generation is a problem of great sociological as well as economic importance to the state."

Further (page 198), "If the aid of intelligent physicians were sought in determining the question as to what children were fitted to receive a public school education, unquestionably many cases of insanity which develop later in life would never occur. It is a curious comment upon popular government that so little effort is being made along these lines, and that, while the public has the right to prevent the spread of measles or scarlet fever, it assumes no authority in matters relating to the prevention of alienation. . . . To render it possible for an individual who is physically and mentally unfitted for the stress associated with the effort to undertake the acquirement of what is termed a liberal education should be regarded as an offense against the public health and morality no less culpable than if one were to deliberately place him in an environment where he is exposed to an infectious disease."

**The University Psychiatry Clinic**—Quoting further from the above review we find the following, which may have some interest to us Kansans now that we have a rational system of asylum control.

The one urgent need of the immediate future in American psychiatry is an institution, hitherto quite unknown on this side, but whose advantages Europe has long enjoyed, namely, the University Psychiatric Clinic. As the best example of the up-to-date insane hospital may be mentioned the new institution at Munich, completed last year, which is a type of the best fruits of modern intelligence in the construction and arrangement of clinics for the insane, for the most advantageous study and treatment of patients, and the purposes of clinical instruction. This institution has recently been the subject of an elaborate monograph by the director, Prof. Kraepelin (Barth, 1905, 2M) and was also briefly described by Paton in Science.

Would it not be possible to carry out this principle in Kansas?

**Facts About Tuberculosis**—Tuberculosis has engaged the attention of skilled observers for many years, but while great progress has been made in respect of its pathogenesis and preventing, the additions to our therapeutical knowledge are alas but few. Of the myriad remedies extolled at one time and another in the treatment, only two have resisted the test of experience and are still currently employed, viz: lime salts and creosote. Both were at first employed empirically, but the use of each has since been scientifically explained and justified. The pronounced demineralization of the organism that has become a "tuberculous soil," is a fact only recently demonstrated, but the unduly rapid loss of phosphate of lime is now an important diagnosis sign of the so-called pre-tuberculous period. Hence the importance of compensating this loss by appropriate means.

The action of creosote in broncho-pulmonary affections, though still largely empirical, is one of the less unquestionable and hitherto the only hindrance to its universal use has been the difficulty of introducing it into the organism in sufficient quantities without setting up local irritation. Nothing could be more logical to associate these two remedies into a pharmaceutical form that allows of their persistent administration without risk of gastric intolerance. The secret of the successful administration of creosote lies in its extreme dilution, but, simple though this discovery may appear, the credit thereof belongs to M. Pautauberge, who has emulated Columbus' famous feat. In this solution the lime is presented in the form of chloro phosphate since lime salts can only enter the circulation when thus transformed. Associated with creosote the solution is readily miscible with water in all proportions and when taken with food, it never causes gastric intolerance and is promptly absorbed. The tonic and antiseptic properties of the creosoted chloro-phosphate of lime solution are applicable to all conditions of depraved nutrition and constitute an admirable prophylactic treatment of the tuberculosis in its multiple forms—pulmonary phthisis, struma, rickets, etc., and in promoting restoration of health after debilitating diseases. In ordering this preparation it is indispensable to prescribe Pautauberge's solution without creosoted chlorophosphates of lime, which alone fulfills the special conditions of dilution and assimilability.—(Adv.)

**Pregnancy and Childhood** by H. H. Smith, M. D., Highland, Kansas, a pamphlet of some 20 pages, 6x8 inches, printed by Tobias Larsen for the author. This is an effort to follow out the suggestions of Dr. Shelley that each physician write up his directions to prospective mothers and have them printed for general distribution. The arrangement of the matter is partly alphabetical and partly chronological. It is illustrated by several cuts of nursing bottles, binders, and similar conveniences. We have the following criticism from the pen of Dr. Emley, "It would be a good pamphlet for every young mother to read. It is evidently written more for the benefit of the mothers than for the physicians, although the latter might profit by the observance of many points brought out. In my opinion the space devoted to the milking of cows might more profitably have been given to the elaboration of the excellent suggestions relative to the care of the nipples and the indiscriminate use of drugs in caring for infants." There are several typographical errors which should be corrected in a second edition.

**Grey A. Kennedy**, weight nine pounds, was born to Dr. and Mrs. C. S. Kennedy of Norcatur, December 30, 1905, The JOURNAL extends congratulations.

# The Journal

OF

The Kansas Medical Society

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**Boston, June 4-7.**—We would call your attention again to the A. M. A. meeting. We would like to know how many who have to pay railroad fare are planning to go.

**The Proprietary Association of America**—We are glad to state that Messrs. Kress and Owens have withdrawn from this association. Hence we can use glycothymoline without feeling that we are helping our enemies.

**Postgraduate Studies.**—We would call attention to the program of Clay County published in this issue. Please note that it is headed, "The Studies for this Month will be," Dr. Schwarz, the energetic chairman of the program committee, has the right idea. In that line, we suggest some work on massage with practical exercises and demonstrations.

**Free Clinics.**—We as a class should oppose the practice of giving something for nothing,—in this respect that all the "charity" patients should not be allowed to impose upon us without some return. Such people should be clinics and afford us material for our post graduate studies. This would give the tramp and the ne'er-do-well better service than he now usually receives and at the same time keep us from growing too routine and thoughtless in our methods.

**National Legislation.**—We should interest ourselves at this time in the pure Food Bill. Evidently its senate is the wreck of all our hopes. Therefore we need to see that Senator Long is in line. A few personal letters to him are now in order. Of course if Rhode Island persists, she has the right to keep Senator Aldrich in the senate—but his power may be lessened. Another matter in which we should be interested is the "hold up" of the Isthmian Canal by interested parties. Here, too, Kansans may have some influence.



**Topeka, May 8, 9, 10,**—The committee of arrangements consists of Drs. D. E. Esterly, C. A. McGuire, W. E. McVey, J. P. Kaster, O. P. Davis, and G. H. Hoxie. Dr. Goddard, chairman of the committee to arrange for a symposium on nervous diseases, reports that he has some eight papers—one from every prominent neurologist of the state. If the other symposia are as successful we shall have a good meeting.

**The Conquest of the Osteopaths** is to be obtained by means of education; and that not so much of the public, or of the osteopath, as of ourselves. We should study the art of massage and the principles of balneotherapy. If the men who practice osteopathy can master the intricacies of the art, we can. Therefore a few sessions of our county society should be spent in studying this matter. This is the day of "natural" methods, and we should not be so bigoted as not even to study them. If we know how the physical therapist works, we are in better position to utilize the good points of his art, and protect our patients from the bad ones.

**The Kansas City (Kansas)** board of health reports show that of 1165 deaths during the past year, 250 occurred in children under one year of age. Of the 1165, 327 are classified as "infants and children," 251 were housewives, and 216 were laborers. Tuberculosis of the lungs claimed 98, of the larynx 9, of the meninges 16, abdominal 14. Shock following operation took off 7. There were 60 premature births. 36 died of cancer, and 3 of syphilis. There were 1010 births, 1230 marriages. There were about 700 nuisances abated during the year. The report shows great activity on the part of the City Board of Health, and Dr. E. J. Lutz, its president is to be commended for its good showing.

**Government Ownership.**—Your editor must confess that the events of every month lead him to believe more and more in the public ownership of public utilities. Russell's article on the German railway in the February "Everybody's Magazine" brings back memories of his own experiences in Germany, and the greater pleasure of travel there. Kansas City's struggle with the gas company and the Metropolitan railway, added to the revelations of the work of Standard Oil, all make him hope for better days—but also make him stand in dread of the events of the next few years, especially if there be a coal miners strike. If socialism must come, we physicians should remember that we are first of all citizens, and must therefore use for the public good, the same energy, coolness, and poise that we are accustomed to use in treating the sick.

**Our Children**—We aspire to make our children better than ourselves. This of course can only be accomplished (following the dictum of our colleague, Oliver Wendell Holmes) by training ourselves as well as them. Now the most potent factor in good health and morality is the daily cold bath. This is worth practically as much as the “fragrance of the Morocco,” in their education. It keeps their blood flowing more briskly. It avoids auto-intoxication and the consequent inhibition of every faculty and in general takes them out of the class of boors into that of gentlemen. It has made the English gentleman the envy of the world. It can make the children of the American physician the foremost gentlemen of their generation.

**The State Journals** must be hitting the so-called independent journals pretty hard, for a constantly increasing uproar arises from the representatives of the latter. The functions of the two are absolutely distinct, and there will always remain representatives of both classes. But there are by far too many journals at present. Therefore the coming of the official journals means the extinction of many of the present independent journals. The reason for this is that the latter depend upon their receipts from advertisers (not at all from subscribers) for support,—and now—that the profession is awakening to the heinousness of fake pharmacy, journals which carry such advertisements must either go to the wall or become out-and-out philistines. The only exceptions will be the really worthy journals—those edited with brains and morals,—and of these there must of necessity be only a limited number.

**The Power of Self Cleansing.**—We call attention to Dr. Ross’ pertinent comment on the fact that we are helpless as a profession to rid ourselves of dishonorable members. The English system of registration vested in a medical society council was an attempt to remedy this defect. This was at least logical,—and so successful that probably no Englishman would change it. In this country we secured a grasp on the tail of the idea when we secured the appointment of state boards of medical registration, but we failed to carry out the essential principle when we let that office become a political appointment. It became thereby the appointment of an outsider and not the voice of the profession itself. However no amount of office would be of value to us unless we develop cleanliness of ranks, clearness of perception, and strength of determination, sufficient to do the work which already lies within our power.

**The Secretary—Editor.**—It has been suggested that the physician who acts as secretary-editor for the profession in each state should be re-

lieved of the necessity for practice to support himself by the granting of a salary of, say, \$3000 annually. This could hardly be brought about in Kansas, unless several interests were to choose the same man for their executive officer, for we have only about 2000 reputable practitioners in the state, of whom only one-half are in our society. Hence to bring about conditions wherein the profession might have the service of a real executive would involve the combining of the boards of health and registration with the Kansas Medical Society,—a consummation hardly within the realm of probability. Therefore in the meantime each Kansas physician needs to justify his state's motto and by patiently keeping at it to bring his part of the profession to the highest standard of efficiency and public utility.

**Pure Food.**—The State Board of Health is doing a good work in having Professor Bailey and Professor Willard analyze the foods found on the market. From the report found in the January issue of the Bulletin, we quote the following:

**Laboratory No. 2444.** "Primrose" Flavoring Extract of Banana, Manufacturing Department of Parkhurst-Davis Mercantile Company, Topeka, Kansas. Amount contained in bottle, 50 grams, or 1.8 fluid ounces. This contained 28.6 per cent of alcohol, by weight; artificial flavoring, 16.5 per cent, by volume; coloring material, a coal tar dye. As it is not practical to make a concentrated extract of banana, there seems to be no objections to the sale of an artificial preparation like this. It should not be labeled "Extract of Banana" however, but "Artificial Banana Flavoring." Compound ethers are very often used for making these so-called "pure fruit flavors," The materials should be sold upon their merits and not under an assumed name, for there is usually no fruit used in their preparation.

**Laboratory No. 2481.** Strawberry, "Orchard" brand. Bliss Syrup Refining Company, Kansas City, Mo. Purchased in Lawrence, in a pint glass can, price ten cents. The color was a brilliant red; the mass was a thick jelly, with a few small strawberries scattered through it. This material contains a red coal-tar dye to color it; some sugar, probably glucose to sweeten it. It contains considerable starch, some of which may have been added to thicken it, and quite a quantity of sodium sulfite, as a preservative. It contains 19.9 per cent of reducing sugar. The amount of preservative is so large that on opening the can the sharp, penetrating odor of sulfur dioxide can be readily perceived. A genuine fruit jelly should consist of nothing but the fruit and cane sugar, but food analysts state that fully ninety per cent of the jams and jellies on the market are adulterated. For "stock" of this material frequently the refuse left from the manufacture of cider is used, and this is mixed with water and glucose and boiled down. It is then thickened by the addition of starch, or sulfuric acid may be added for the same purpose. Little attempt is made to imitate the flavor of any particular fruit, but the color and label are carefully attended to.

**Laboratory No. 2435.** "Absolutely Pure Canada Sap Maple Syrup." "Full Measure." The National Syrup Company, St. Paul, Minn., St. Paul Syrup Refining Company, successor. This sample was contained in a rectangular tin can, the capacity of which was 57.75 cubic inches, which is equal to a quart, as stated. Upon analysis,

this sample was found to be adulterated. This was shown not only by the small per cent. of ash and the high per cent. of cane sugar, but also by Hortvet's method, with lead subacetate. This ingenious guaranty is on the can, "Certificate of purity and measurement of this can of absolutely pure Canada sap maple syrup." "We guarantee this syrup to be absolutely pure and free from any impurities consisting of acids, glucose, grape or corn sugar, and is warranted full measure." This is probably true, but is very misleading for although the syrup does not contain any of the sugars referred to, yet it does consist practically of cane sugar, flavored to resemble genuine maple syrup, and so it is a fraud upon the consumer, who pays about as much for it as he would pay for the genuine maple syrup. The flavoring in syrups of this character is often obtained by mixing with them an extract of hickory and maple crisp or bark. As a substitute for maple syrup glucose is not as satisfactory as cane sugar, and so the latter, though more expensive, is generally used.

#### BAKING POWDERS.

Various combinations of chemicals have been in use for many years for making dough light or puffing it up during the process of baking, but practically all depend upon the setting free of carbon dioxide gas (carbonic acid) in the dough. There are three or possibly four classes of baking powders on the market. In most of them the chemicals are mixed in the proper proportion to set the gas free, and to this mixture is added from twenty to fifty per cent. of starch and flour. This is not considered an adulteration, unless the quantity of starch is too large, as it is claimed that unless something of this kind is used the chemicals will combine on standing so that the baking powder will lose some of its strength. There are however, a few powders in which no "filler" is used. Sodium bicarbonate, "baking-soda," is used in all these baking-powders to furnish the available carbon dioxide gas, and so the powders differ only in the so-called "acid-ingredients" or those substances which in the chemical action set free the gas from the baking sodas. The greater the per cent. of gas set free the more efficient the powder. The classes of baking powders are:

I.—Bicarbonate of soda and cream of tartar, (acid sodium tartrate powder). These sometimes contain a small quantity of free tartaric acid, and some brands contain a little ammonium carbonate.

II.—Bicarbonate of soda and acid calcium phosphate powders, sometimes called, "phosphate" powders.

III.—Bicarbonate of soda and alum powders. Alum is a double sulfate of aluminum and potassium, or ammonium, but a simple sulfate of aluminum is often used in place of the alum.<sup>1</sup> This latter salt has practically the same therapeutic properties as the alum, and whatever objections hold against the use of alum will apply to the use of aluminum sulfate, so it is simply a subterfuge to assert that alum is not used where aluminum sulfate is used. Practically the same compound remains in the bread in either case.

IV.—Bicarbonate of soda and a mixture of alum and acid calcium phosphate powders. This is a very common brand.

As we mentioned above, the value of a baking-powder depends on the amount of available carbon dioxide gas that is set free in baking. This may be as large for one class of powder as another. Opinions differ in regard to the healthfulness of alum powders, but the majority of writers hold that the aluminum compound which remains in the bread after baking will probably have an injurious effect on the system if the use of alum powders is continued for some time. Most of the cheap powders on the



market are alum powders, and the more expensive ones are cream of tartar or phosphate powders. Examinations were made of the following powders, purchased in the open market, with the results as given below:

**Laboratory No. 2508.** Price's Cream Baking Powder. "Most Perfect powder made. A pure cream of tartar baking powder. Does not contain ammonia, lime or alum." Price Baking Powder Company, Chicago. This is a cream of tartar baking-powder and does not contain alum. Available carbon dioxid, 11.11 per cent.

**Laboratory No. 2507.** Royal Baking Powder. "Absolutely pure." "This powder is composed of the following ingredients and none other: Cream of tartar, tartaric acid, (the acid of grapes), bicarbonate of soda, starch." Manufactured by the Royal Baking Powder Company of New Jersey. This is a cream of tartar baking-powder and does not contain alum or phosphates. Available carbon dioxid, 12.30 per cent.

**Laboratory No. 2506.** Rumford Baking Powder, Rumford Chemical Works, Providence, R. I. This is a phosphate powder and does not contain alum. Available carbon dioxid, 10.29 per cent

**Laboratory No. 2501.** Shepard's "Economical" absolutely pure baking-powder, manufactured by the Shepard Baking Powder Company, St. Louis, Mo. This is an alum phosphate powder. Available carbon dioxid, 9.23 per cent.

**Laboratory No. 2502.** "Our Cold Water Baking Powder;" 16 ounces. Manufactured expressly for the Kansas City Wholesale Grocery Company, Kansas City, Mo. This is an alum baking-powder. Available carbon dioxid, 12.03 per cent.

**Laboratory No. 2503.** Kansas City Baking Powder; ten ounces for ten cents. Manufactured only by Jacques Manufacturing Company, Chicago. "Absolutely pure." This is an alum phosphate powder. Available carbon dioxid, 8.83 per cent.

**Laboratory No. 2504.** Calumet Baking Powder. "Not made by the trust." "Purity, strength, perfection." Calumet Baking Powder Company, Chicago. This is an alum phosphate powder. Available carbon dioxid, 12.41 per cent.

**Laboratory No. 2510.** Buttermilk Baking Powder. The Theo. Poehler Mercantile Company, Lawrence and Emporia, Kansas, This is an alum baking-powder. Available carbon dioxid, 10.81 per cent.

**Laboratory No. 2505.** Purity Baking Powder. Manufactured and guaranteed by the Excelsior Manufacturing Company, Chicago, This is an alum phosphate powder. Available carbon dioxid, 6.23 per cent.

**Laboratory No. 2509.** Layton's Health Club, "15 ounces Onespoon Baking Powder." Layton Pure Food Company, St. Louis, Mo., and East St. Louis, Ill. This is an alum baking-powder. Available carbon dioxid, 15.29 per cent.

## REPORT OF A FEW CASES TREATED BY THE X RAY.\*

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J. N. SCOTT, M. D.

Associate Professor of Electro-Therapeutics in the University of Kansas.

Kansas City.  
(With four Plates.)

CASE 1. Mr. L. E. Age 74 years, referred by Dr. Frank Hall. Epithelioma of the left side of the nose and cheek.

There was a depression in the cheek one inch long, half inch wide and half inch deep, which had been produced by the destruction of the tissue from the growth. The parts surrounding this were indurated, showing involvement.

This growth had been treated by several methods before coming into my hands. It started about four years ago as a small abrasion which would scale over; the scale would drop off and the abrasion was generally found to be a little larger. When the growth was about the size of a dime he had it removed by a caustic; after this it returned.

I commenced treatment by means of the XRay April 3rd, 1905, and continued until June 28th. Treatments were at first given every day, then every second day, then every third day and at last every sixth day. The treatments were strong enough to produce stimulation of the healthy tissues but no breaking down. When treatment was started the growth was infected and discharging considerable pus. There was quite a cavity which would support a piece of cotton when placed in it; this would soon become wet with the discharge and have to be changed. After the sixth day this discharge became less and after a month's treatment there was practically no discharge. No antiseptic or other medications were used. After about twenty days the cavity commenced to fill and I was surprised at the amount of tissue which grew into the cavity, the final result being only a little depression and contraction at the place where the cavity was. This gentleman although advanced in years, had a good constitution and is apparently healthy.

CASE 2. Mrs. R. A., Howard, Kansas, age 64. Epithelioma of the nose. Microscopical examination made by Dr. Frank Hall in which he reported that it was a very rapidly growing type.

About six weeks before coming to Kansas City she noticed a little enlargement on the nose which she thought was a pimple. She applied ointments, etc., but the growth kept on enlarging until she became alarmed

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\*Read before the Kansas City Academy of Medicine, December 17, 1905.

and came to Kansas City. At this time the growth was five-eighths of an inch in diameter and raised above the nose one-fourth of an inch. She had shooting pains which did not last long but were quite severe. Her general health was good.

She commenced treatment July 12th, 1905, and continued until September 24th. At first treatments were given every day. The growth enlarged some during the first week when it apparently came under control, and appeared more dense and hard. The face was protected by a mask, but an area three-fourths of an inch wide around the growth was rayed. The Ray was applied strong enough to produce a little redness of the healthy tissue and finally the scaling of the skin, but when this took place new skin was formed under that which scaled off, and at no time was there an open surface or soreness of the parts. She had very little pain after about twenty treatments. The growth gradually became harder and contracted some. In the middle of August the main part of the growth dropped off. I sent this to Doctor Hall for microscopic examination and he reported that the malignant cells in the growth sent him were entirely destroyed and degenerated.

I continued treatment for some time after this as a precaution. The site of the growth healed over entirely with very little depression. I received a letter from her daughter a short time ago in which she stated that there was practically no scar, and no pain or sensation at the site of the former growth.

CASE 3. Mrs. E. G., Jasper City, Mo. Referred to me by Mr. King, a student of the Medical department of the University of Kansas.

Epthelioma of the upper eyelid.

She first noticed a little sore on the eyelid about two years ago. This gradually increased in size and destroyed part of the lid, as shown by photograph. The lid thickened with the growth and eyelid were three-eighths of an inch thick when she presented herself for treatment. The growth was infected and discharged s continually. This pus in passing through the lachrymal duct infected it causing an inflammation which had occluded it. The growth was quite tender to the touch and somewhat painful. The cornea of the eye was white and she had very little sight from this eye. She came to me very much discouraged as she had been told by a number of physicians that the growth was incurable.

Treatment was commenced on September 25th, and continued over a period of two months. She had been told if she took X Ray treatment that it would destroy her eye entirely. I assured her that this was not the case if the treatment was given properly; that the eye was a very highly organized body, and did not become inflamed unless the Ray was applied in very large quantities. After the eighth treatment the dis-







CASE I—DR. SCOTT.



CASE I—DR. SCOTT.



CASE II—Condition at beginning of treatment.  
(Dr. Scott).

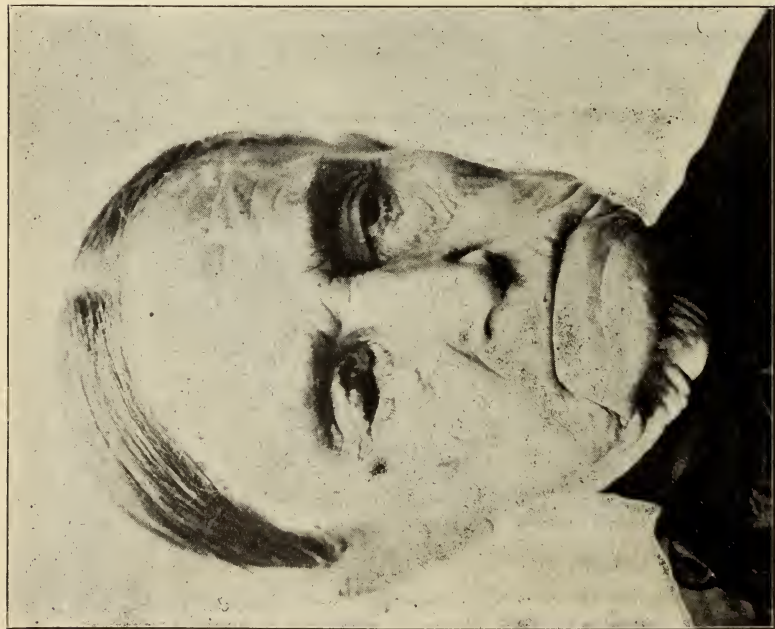


CASE II—Result of treatment.  
(Dr. Scott).

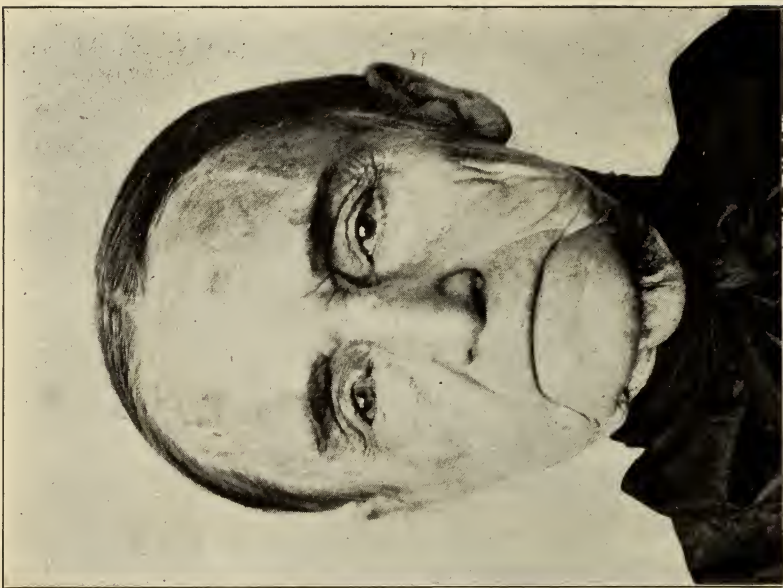








CASE III—DR. SCOTT.



CASE III—DR. SCOTT.



CASE VI—DR. SCOTT.



CASE VI—DR. SCOTT.



charge from the growth became less, and the growth began to diminish after the tenth treatment. No antiseptics were used but she was instructed to keep the eye clean by washing with water once every hour or two. From this time on the growth gradually diminished in size until the lid assumed about its normal thickness. The soreness entirely disappeared from the lid, and when she left I could press on the lid without producing any more pain than I did when I pressed on the lid of the opposite eye.

This case and the case before this, illustrate that when the X-Ray is applied in proper amount it does have a selective action and will destroy malignant tissue without destroying healthy tissue, and that we could not obtain the cosmetic results which we have in the three cases that I exhibit photographs of, by any other method known to medical science. In one case we had a deep cavity which Nature has kindly filled up. In the other two cases we had an extensive growth destroyed. In the case epithelioma of the nose the part which was raised above the level of the skin was practically all composed of malignant tissue, this came away in a mass without any infection of the part. In the case of the growth in the eyelid the growth was absorbed.

CASE 4. Dr. J., age 61 years, Moran, Kansas. Referred by Dr. Hal Foster. Epithelioma of the cheek half inch in diameter.

This growth started about a year before treatment was commenced. It gave the usual history of these growths, starting as a small sore place over which a scab was formed. This would come off once in a while leaving a raw surface which would again have the scab formed over it. When he presented himself for treatment the edges of the growth were everted and the center had a thick scab on it. The growth was not painful although he had some sensation in it which he described as "crawling."

Treatment was started July 1904, and continued until October 3rd, 1904, when the growth was apparently destroyed and the place healed over. I wanted to continue treatment a little longer but the Doctor had important business at home and left. As we can never determine the exact time that a growth is destroyed, it is always preferable to treat it a week or two too long than a day too short.

I saw the Doctor a short time ago, which was fourteen months since he had received treatment, and the place is apparently healthy.

CASE 5. Mrs. D. K., Dubuque, Iowa. Referred by Dr. Robinson of Dubuque, age 53. Recurrent Carcinoma of the Breast.

Came to me for treatment on December 22nd, 1904. About three months before this she had been operated on at Dubuque. The breast had been entirely removed and part of the axillary glands. About one month



before she came to Kansas City the surgeon who operated on here notice that the axillary glands were enlarging and he advised her to have the X-Ray applied.

When she presented herself for treatment two of the glands were about three-fourths of an inch long and half an inch in diameter; there were four enlarged glands. I applied the Ray to the breast, axilla and neck. The growth of the glands was soon controlled and they gradually became smaller.

Treatments were applied at first every day, then every two, three, four and finally every week until April 1904. At this time the glands had been absorbed for about a month and the patient was discharged. There was no breaking down of the parts at any time.

When patient presented herself for treatment she could not raise her arm but about half way to the shoulder. Long before she left she could easily raise her arm over her head and comb her hair.

CASE 6. Mr. A. W., Harrisonville, Mo., age 62 years. Referred to me January 20th, 1903, by Dr. J. D. Griffith.

Diagnoses, Epithelioma, extending from external canthus of eye to ear. This growth started 3 years before as a small ulcer which refused to heal and extended until it involved quite an area as shown in the photograph. Around the ulcerated portion there was a hard indurated raised border extending about half inch around the ulceration.

This case was treated for 4 months when the ulcerated portion had healed with the exception of the small place about a half inch in diameter. The patient at this time thought this place would certainly heal without further treatment as it did not pain him, and he was very anxious to go home. He left with it in this condition and I have been unable to follow up the case and see what the ultimate result was.

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## MEDICAL LEGISLATION. \*

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C. C. MORRISON, M. D.

McCune, Kansas.

The subject of Medical Legislation has been so ably brought to the attention of this society, by Dr. Huffman, at its recent meeting in Girard,

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\*Read before Crawford County Medical Society, January, 1906.

also by the Journal of the Kansas Medical Society, that there seems little more to be said upon it.

Medical Legislation, so far as I have been able to ascertain, has been experimented with, ever since the introduction of the state into the Union. An old physician of almost 40 years experience, told me recently, that every effort to improve the law, made it worse than it was before, and that we were better off without any legislation upon the subject. And yet it seems to the reasoning physician, that each and every attempt has brought us nearer to the object desired; that is, a good and efficient law, that can be enforced, administered by a capable and honest board, who heed the appeals of the politically insignificant, as well as those high in political affairs, and who hold the good of the profession above personal or political gain.

In seeking legislation upon any subject, it must imply that which exists if any, to be inadequate, or cannot be enforced, and a law that can not be enforced, certainly is inadequate.

The subject of this paper, is legislation, for the purpose, of elevating the educational, as well as the moral standard of the medical profession in the State, by prohibiting, unqualified or immoral persons from practicing and by removing those so disqualified from the profession.

Not only does this law fail to debar many undesirable persons from practice, but fails to remove those who become unfit.

A physician of my acquaintance, who had practiced several years in another state, who had two courses of medical instruction, but was not a graduate was compelled to emigrate from the state, and leave his practice, because he could not qualify for the examination. Another physician, who was incompetent in every way to practice, was admitted by the Board of Medical Examination and Registration, who merely stated over his oath, that he had practiced in the state 7 years, prior to the enforcement of the law of March, 1901. The face of this application, showed that this man must have been 20 years of age at the time he must have begun practice, that he had no course of medical instruction, and does not state where or when he had practiced, 7 years. Yet with all this evidence before them the board granted him a license, without any investigation.

Compare this with many who were graduates of reputable medical colleges, and had many years of honorable practice to their credit, had made oath to that effect, and yet, were compelled by this board, to send their diplomas to them for evidence. I do not mean to find fault with the board, in the former case, as it was right, and consistent with the movement for a higher standard of educational requirements; but to compare it to the incompetency of this board, in the second case. If they had authority to compel other physicians to send their diplomas to them after having

made oath, that they possessed them, why did they not require this man to show where and when he had practiced 7 years in the state?

Fifteen states and territories now require evidence, under oath, of good mora character. Compare this, to the action of our board, in issuing a temporary permit to a man, who had been convicted of murder in the first degree, after he had one year in medical instruction, although their rules say he must have had 3 full years. Again issuing him another permit, the next year, without the formality of the required petition, of the majority of the physicians of the county, when their rules say shall be for 6 months only. In defense of their action the secretary said he had practiced 7 years. And when their attention was called to the fact that he had not practiced before going to the penitentiary, and that he had been out of the penitentiary, only one and one half years, at the time of the enforcement of this statute, and asked whether he had taken oath that he had practiced 7 years, said, "After reading your letter, I thought it best to put it away and not give you any satisfaction, as your insulting remarks do not deserve an answer, and your letters should be treated by me with utter contempt. However, I will deign to reply to the same. "The State Board

\* \* \* \* does not propose to tear a man down who has been unfortunate in early life, who has made amends for the same and is trying to lead a decent and honorable life." And does not say whether he had made oath or not. Is the medical profession to be made a refuge for every man who desires to reform and are they to be allowed privileges that are denied other people?

Another case recently brought to the attention of this society, is of a physician, who plead guilty of operating a bawdy house.

One of these cases emphasizes the need of closer scrutiny as to who shall enter the profession, the other a need of some way of barring such a man from practice. For what physician can afford time, expense and unpleasantness of bringing one of these cases into court? The following sentence from a letter from a former secretary of the board, shows the hopelessness of securing help from them. "I desire to say, that any man, belonging to the profession, who is so jealous and narrow minded as to try to prevent a young man from earning an honest living, who instead of lending a helping hand, does all he can to tear down such a man is not fit to belong to the medical profession, and merits nothing but contempt."

Since the board, fails to protect us in these matters, and "any man belonging to the profession" who attempts to do so, "is not fit to belong to the profession" whom shall we expect to enforce them? Certainly not the laity, for they think this law was designed for our protection, and as such, should be enforced by us, or by somebody appointed and empowered to represent us in the matter.

The indifference of our board to our appeals and needs, emphasizes, very strongly, our lack of political influence, in the state. The medical profession has always held itself above politics, but since it is necessary, for us to add that to our acquirements, let us do so as a solid organization, and demand what is right and proper for the protection, and of the public at large, in medical affairs.

The trouble with medical legislation, as shown above, seems to be not so much in the matter of the law, as in securing a board who will enforce the law, and this can be done only, by securing a board who represent the best interests of the medical profession, and to be answerable to them, and to them only, and not a part of a political machine. Since this board is to represent the medical profession, we believe that the members of that profession, being versed in a knowledge of their profession, are more capable of saying who is qualified to represent them, than the governor of the state and being so qualified, should be allowed to do so. Acting upon this presumption, our state society at its meeting in Wichita, in June of last year, submitted to the governor, a list of names, whom they considered competent, with the request that he make his appointments from that list. The governor, not only ignored the request, but appointed men outside of our societies, who are not in touch with the best interests of the profession, and who do not represent its best interests.

In fifteen states and the District of Columbia, the various societies furnish such a list of recommendations, to their governors, from which their boards are appointed. Two states have their boards appointed by their societies; and in Alabama the state societies constitute the board of medical examination and registration, as well as the board of health.

Our state maintains two boards, the State Board of Medical Examination and Registration, and the State Board of Health. The consolidation of these boards would be a great saving to the state.

The secretary of the State Board of Medical Examination and Registration, intimated that I was accusing them of fraud. This I do not mean to do, but the following sentence from their secretary, commits them to a policy of partiality, and special privilege, "Let me tell you that at no time will any consideration be shown you by me or any member of this board."

Our Journal seems to have solved the problem, when it says that our only chance is to support a candidate for Governor who will show us as a profession due consideration, in matters pertaining to our professional affairs. In this our slogan should be, "In union there is strength." The stronger our societies become, the sooner will politicians realize our influence, and we will become, as a profession, a factor in the state, to the



extent of securing what legislation is necessary to place control of medical affairs where they belong; that is in the control of the State Medical Societies.

The foregoing remarks, apply to the former board of medical examination and not to the new board, but lest they fall into the same errors that the former board made, we would suggest that they ally themselves with our societies, for we intend to be a factor in the choosing of future boards.

I would recommend that the statutes be amended, so that the Governor would be compelled to appoint the State Board of Medical Examination and Registration, from recommendations made by the State Medical Societies, that the two boards be consolidated into one, that each applicant make oath, that he is of good moral character, and has never been convicted of any capital crime, that all logical claims of fraudulent registration, be investigated by this board, and when found guilty, their licenses be revoked, and forever debarred from practicing in the State, and that when any physician is found guilty of maintaining such a nuisance as one of the above mentioned cases, this board shall have power to revoke his license, without resorting to the courts.

I would commend the efforts of the JOURNAL in educating the profession of the state to their needs as a profession, and the efforts of Dr. Huffman and the efficient officers of our State Medical Society, in their campaign of organizing and strengthening our societies.

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### QUACKS AND THEIR WAYS. \*

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J. B. ARMSTRONG, M. D..

Portis.

We as medical men, readily understand what it meant by the term "quack"; nevertheless, the public cannot easily distinguish between the quack and the reputable physician. Therefore, it is the duty of the medical societies, organized as they are in most of the counties of Kansas, to make clear to the public this distinction; and emphasize the value of patronizing the reputable practitioner.

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\*Read before the Osborne county society.

As we generally understand it, an ethical practitioner is one who advertises in no way; either by putting advertisements in the paper, talking on the streets, throwing out words of encouragement, cutting prices, or in any other way, offering something for nothing.

Who is the quack? He is that little fellow who sat on the back seat at school, who rode a pony through the examinations, and rides through the state board examination by the help of some fellow doctor, and then sets out on his career by starting an office and failing in business. This lack of success has led him to throw out pages of literature, taking a whole page for instance in the Sunday Star, with glaring headlines reading something like this: "Cured without the use of the knife." (simply allowing scissors to take the place of the knife). The people who patronize such a fellow are usually those who beg their home physician to make their bills as small as possible; but nevertheless, go to these quacks and pay them cash. Some other headlines run like this; "No Cure, no Pay." "Cured for \$12.50." "No electricity; no calomel to remain in the system." "A great Chinese remedy—nothing used but natural herbs." "Three dollars cures lots of cases. This low offer must be accepted at once. December 31, the last chance." "Consulation free. All repiles sent in plain realed envelopes." "Not a dollars until cured; We mean this most emphatically." "Is is for you—for everybody—why go on in such a helpless condition?" "Cured for life by original and time-tested methods;" "One week's treatment for \$1.00."

Quite frequently some one will ask us—"Doctor, why do you not advertise?" or "Why doesnot Doctor John Henry advertise?" This is the opportunity given us for whipping the quack over the knuckles and I, for one, have never yet been able to do it well enough to please me.

Now, there is a second class of quacks: sargeons who operate for quacks of the first class and have the latter running over the country for them as advertising agents, rustling up cases, etc. They are just as bad as the members of class one and they ought to be boycotted by all reputable medical men and I think that the Osborne county medical society, today, ought to pass a resolution not to send a single patient to a sargeon who operates for quacks. I am very glad that I am one of the committee, whose duty it is to keep my eyes open and see that no man practices in this county without a license. You will see men who practice medicine throw their pictures around on the street; Is it not strange that as clever as the people of this country are, they will allow themselves to be humbugged in this way? It is a great deal as Barnum says: The American people like to be humbugged. What kind of a man is the fellow who graduates, taking an oath not to advertise, and then goes and does it? It will soon be necessary for the United States to have a law similar to that of Germany

to stop these fellows; because the laity can't never understand why doctors do not advertise as merchants and other business men do, and believe that the advertising doctors can surely do what they say they can, or they would not be allowed to write such stuff in the papers. The quacks fails to cure much as we do; the difference in that respect between us being chiefly that their patients pay them money and always pay them in advance. Patients go to these fellows in Kansas City who claim they that they do not use electricity; and, who at the same time have their floors so covered with electric pads that when the operator stands on one, passes his graceful hands around over the patient, it makes the patient think that that doctor has power with which the doctor at home is not blessed.

I would say in closing that we must advise our patients to keep their money in their pockets; at any rate, not hand it over to any one of these rascals; for of course we seem to be entirely unable to influence the Star and other advertising mediums.

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### GLASS FITTING.

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Past, Present, and Future.

J. S. WEVER M. D.

Bryant Bldg. ,Kansas City, Mo.

**Past**—The common use of some form of magnifying glass by the ancients is well-nigh proved by their perfect workmanship displayed in the engraving of gems and a crystal wrought in the form of a convex lens has been discovered in the ruins of Nimroud. On the other hand it appears clearly from the notice on presbyopia and myopia by Paulus Aegenata (seventh century A. D.) that they had not applied lenses for the relief of these disabilities. Pliny's description of the visual defect of Emperor Nero strongly suggests compound myopic astigmatism. His use of a polished emerald for viewing gladiatorial combats made him the accidental discoverer of an eyeglass correcting myopia or myopic astigmatism but his invention appears to have died with him.

The common use of spectacles is mentioned as occurring in China before the opening of commerce with Europe. They were both concave and convex, of transparent stone and tied upon the head by silken cords.

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\*Read before the Northeast Kansas Society October 12, 1905.

The first mention of a lens is attributed to an Arabian mathematician Alhazen (died 1038 A. D.) who described the magnifying property of a segment of a sphere of glass. Roger Bacon (about 1267 A. D.) suggested benefit to be derived by old people with weak sight from convex lenses and was first to conceive of telescope and microscope. The step from the use of a convex lens as a magnifier to the construction of binocular spectacles to be worn by presbyopes in reading implies a considerable advance in the art of grinding lenses of relatively long focus. The invention of spectacles is variously attributed to Armatia Florentine (died 1317) and Spina a Dominican monk, (died 1313). A portrait of Cardinal Ugone painted by Thomas of Modena in the fourteenth century, depicts the cardinal writing, with glasses on his nose, evidently convex. The use of concave lenses similarly mounted in pairs as a help to myopes in distant vision, must have followed at no long interval, though the date of their first employment is unknown. The necessity of the selection of lenses of different focal lengths for different persons as well as the same person at different ages, must also have been early recognized, but there is no reason for believing that the choice was ever made in any better way than by trying glasses at random until a pair was found which suited the kind of work to be done. Certain it is that spectacles had been in common use for at least one hundred and fifty years before the theory of their action was explained and it is only since the middle of the present century that anything like a complete understanding of the subject has been reached. Spectacle lenses as late as the eighteenth century were always so far as is known, of the plano or double convex or the plano—or double concave form. In 1804 Wollaston brought into use periscopic lenses. Cylindrical lenses for the correction of astigmatism were first employed by G. Airy, Astronomer Royal, (1827), who was himself the subject of compound myopic astigmatism. He discussed the advantages of spherocylinders over crossed cylinders with reasoning which is still accepted as valid. The common use of cylindrical spectacle lenses dates from the special study of astigmatism by Donders (1864). The use of mydriatics or more properly cycloplegics, the ophthalmometer, prisms and skiascopy are comparatively modern improvements.

The following are a few data in regard to the eye independent of the optical phase: Hippocrates (460-377 B. C.) wrote a monograph of the optical diseases of the eye—Herophilus (about 400 B. C.) described the tunics of the eye.—Antyllus (300 A. D.) first described removal of small cataracts.—DeCauliac (1300-1370) operated for cataracts—Kepler about 1625 discovered the crystalline lense was not the seat of vision. He with Scheiner demonstrated that the retinal expansion of the optic nerve was the essential organ of sight.—Maitre Jean and Brisseau (despised "surgeons") in seventeenth century discovered true seat of cataract to be crystalline lense—



Hildanus (1560-1634) removed particle of iron from cornea with magnet.—Meibom, a Dutchman, discovered the lid glands named for him.—Boerhaave (1688-1738) gave separate lectures on ophthalmology and used single lens for eye examination.—Tenon (1724-1816) wrote on anatomy and disease of eye. Capsule named for him.—Helmholtz produced ophthalmoscope 1851 and real study of interior eye dates from then.—Some old works on eye since 1800 are: "Art in Preserving Sight, etc." by an experienced Oculist, printed for Henry Colburn, 1816." Dr. Kitchener wrote a book about 1825 in which oculists and opticians were differentiated. "Guide to Diseases of Eye"—Dixon (about 1850); "Wounds and Injuries of the Eye," Cooper 1853; Handy Book of Ophthalmic Surgery" Lawrence and Moon 1866. The first man in the United States to make the Eye his exclusive specialty was Dr. Williams of Cincinnati (1822-1888.)

**Present**—Individuals annoyed by defective vision now get glasses in one of three ways: Picking them from stock themselves, being fitted by an optician or fitted by an oculist. (Please remember that an optician is usually a side issue of a jeweler store and that an oculist has earned the title of "Doctor of Medicine" by the same course of study as the general practitioner.)

**Future**—It is my earnest hope that, if not during my lifetime, then later, that prescribing of glasses will be solely in the power of graduates of medicine, and that this will not only be the law but the custom.

**Argument**—Since early times the right of governments to regulate the practice of medicine has been recognized and in all civilized countries today there are such laws differing from each other only in strictness of educational requirements, penalties for violation and rulings on what constitutes practice. In many of the United States where the medical requirements are highest and definition of practice broad enough to throw out Christian Science, Osteopathy, Magnetic Healing, and other pretenders who desire to secure the rewards of medicine without doing the studying, the opticians pursue the even tenor of their way undisturbed.

The Supreme Court of Iowa decided that if an optician advertised to "cure and heal" that he was practicing medicine under the statute. The Supreme Court of Illinois (Smith vs. People 92 Ill., App. 22) in 1904 decided that the fitting of glasses was not the practice of medicine under the statute. An effort on the part of the opticians of New York State to have a law passed regulating the Practice of Optometry failed. In the Kansas Session Laws 1901 (Chap. 254 Sec. 5) which is the last Medical Registration Act, anyone using the title "Dr." is regarded as practicing medicine but further on is a provision which allows an Optician to call

himself "Doctor of Optics." The Legislature created this new title and further more, could any stronger argument be used against opticians than this very fact that so many of them desire and aspire to the time-honored though much abused title "Doctor"? Oculists have only existed as such for about one hundred years and opticians fitted glasses long before that. That priority, however, is of as much importance now as the fact that in the sixteenth century for instance. all the bleeding and other surgery was done by barbers. Would you therefore be operated on for appendicitis by the man who shaved you Saturday night?

It is strange that legislatures and courts in the making and interpretation of medical laws should fail to take heed of the advancement of medical science. The practice of medicine began three thousand years ago when only the gravest of injuries and diseases received any attention and when the physical and nervous mechanism was better able to endure them. During past centuries as diseases and injuries have been separated and multiplied, so also have the remedies to combat them. The remedies employed today take every conceivable form and some inconceivable, from heaviest appliances up through drugs, vapors, massage, air, light, sound, heat, cold, electricity, even to the almost incomprehensible hypnotism and suggestion. Further the courts forget that it is sometimes necessary to practice in the broad sense on a perfectly well person in order to prevent him from contracting some disease to which he might be exposed, e. g. isolation, vaccination and administration of antitoxins. And when the courts can grasp this breadth of treatment let them also remember that many of the departures from the normal today are neither diseases nor injuries but simply defects for which our modern civilization demands remedies. These defects mark the borderline between health and disease and often are more disastrous to the patient than some well-marked though mild disease. I might mention as defects stammering and other disturbances of innervation, warts and moles, beginning hernia, supernumerary or web fingers, congenital stenosis of tubes in various parts of the body, one limb shorter than the other, stiff joints and last but not least those invisible defects in the shape of the eye which we call errors of refraction.

The question might be asked, "What harm comes from allowing opticians to fit glasses or to put it in another way—what good could come from making physicians the only persons allowed to examine eyes?" I should answer, "It is the business of an optician to sell a pair of glasses (they advertise extensively "Examination Free.") while it is the business of the oculist to thoroughly examine the eyes and if glasses are needed then to prescribe them. Sight is the function or work of the eye just as locomotion is the work of the legs. A pair of glasses to the eyes are as a pair

of crutches to the legs. Now a carpenter might make those crutches but would he be competent to diagnose the injury to the spine resulting in paralysis of the legs which make the crutches necessary? Hardly. People must view a pair of glasses as a prescription filled, even as a bottle sent from the druggist; in fact even now the books in which an optician orders glasses are called "Prescription Books."

The chief danger of allowing opticians to examine eyes are that (1) not being allowed to use drugs, their examinations are absolutely unreliable and incomplete even where glasses only are required. (2) Incipient local disease of the eye is not recognized early when treatment would be most effectual. (3) They do not recognize general or constitutional diseases which sometimes show in the eye before they do elsewhere or where the eye symptoms help to corroborate other indefinite symptoms of general disease.

**Remedy**—This is to come from education of the laity and care on the part of the general practitioner. When the laity understand how broad the practice of medicine is to all regular practitioners we may get broader and better laws. Until that time, however, we eye-men shall have to depend on the general practitioners to explain to their patients that it takes some one of more intelligence than a glazier to fit a glass when it is to go on an eye, and that sometimes eye-troubles very mysteriously transport their symptoms to parts of the body remote from their origin. General practitioners cannot lose anything by sending their eye cases to an oculist instead of an optician. The inconvenience of a cycloplegic drug must not be exaggerated. Homatropine and scopolamine of short duration have largely displaced atropine, and eserine solution, temporary convex reading glasses and smoked glasses mitigate or nullify the cycloplegic effects.

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Oph. Record Feb., Apr., May-1905.

N. Y. Med. Record Sep. 30, 1905.

(Author's Note: This paper was read before the N. E. Kansas District Society Oct. 12, 1905. The Journal A. M. A. of Oct. 14, 1905, contained an article by Hirschberg of Berlin, entitled "Arabian Ophthalmology" which would modify certain statements of mine in regard to the chronology of ophthalmology for that period.)

## LA GRIPPE.

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J. R. SCOTT, M. D.,  
Garnett, Kansas.

LaGrippe or Influenza is an acute infectious disease, epidemic in character, with a great variance in severity and symptomatology, of wide distribution and followed by sequelae of more grave import than the original disease. The first historical account of influenza was in the 16th century. It was frequent in Europe up until 1848-9. The disease is not mentioned in current medical literature again until 1889-90, since which time it has appeared yearly in both Europe and America.

The cause is generally recognized as the Pfeiffer bacillus, a small rod with rounded ends.

The germ generally gains entrance through the air passages.

The disease is usually ushered in by a chill or chilly sensation, occasionally in children by convulsions, the temperature is moderate or high, there is muscular soreness and weakness and depression out of all proportion to the physical findings.

The duration of the disease is from 4 to 5 days in mild cases to 10 or 12 in severe ones. Owing to varieties in which the disease presents itself we might recognize several different types, such as catarrhal, gastro-intestinal, rheumatic, typhoidal, diphtheritic, etc.

In the catarrhal form the symptoms of acute catarrh predominate. Great gastric and intestinal disturbance occurs in the abdominal type, while other cases show such intensified pain in muscles and joints often in conjunction with tonsillar inflammation that the type becomes rheumatic. In still other cases the depression is so marked that the typhoid state appears. Thus other classifications might be developed by grouping prominent symptoms.

The diagnosis usually presents no difficulties. While varied symptoms occur the aching muscles and the depression of the vital powers are constant and these together with an epidemic ought usually to determine the presence of the disease.

There is no satisfactory preventive treatment. As the disease is one of systemic poisoning those with good digestion and whose organs of elimination are perfect more often escape or suffer slight attacks only. To reduce fever and relieve the muscular pain nothing equals the coal tar products, one of these combined with dovers powders or codein leaves little to be desired, but the administration of the coal tars should not be prolonged beyond the first 48 hours. A laxative is always indicated and skin and



kidneys must be made to perform their functions. If rheumatic symptoms predominate salicin or the salicylates give splendid results, gelsemium and cimicifuga are valuable adjuvants. Quinine in moderate doses administered throughout the disease has a favorable effect and often prevents complications. It is said, by competent observers, to act as a true antitoxin on the toxic principles in the blood. The nose and throat should be sprayed at regular intervals with a hot alkaline antiseptic solution, as the air passages are the field of invasion and to prevent if possible middle ear complications. The pain of middle ear involvement is best relieved by chloroform and a few drops of iodine tincture dropped in a hot cupping glass which is applied to the head in such a way that the vapor enters the auditory canal. A hot solution of ichthyol in glycerine on cotton or gauze packed lightly in the canal is also useful. Perhaps if the air passages were sprayed with antiseptic solutions prior to an attack the morbid process might be averted.

The complications are to be handled as the symptoms and morbid processes required.

Tonics during convalescence are always indicated and no case should be discharged as cured until the vital forces are restored.

The grip is a serious disease and one affected with it should go to bed and stay there as surely as he would had he measles, scarlet fever or diphtheria.

LaGrippe is not directly responsible for any deaths. The death rate is exceedingly small in proportion to the numbers of cases. The sequelae of grip are however responsible for many deaths and the havoc of life that follows in the wake of this versatile disease is appalling.

Physicians everywhere should insist on the gravity of this disease, and do all in their power to awaken the public to the danger and death that is hidden behind, "only the Grip."

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## CORRESPONDENCE.

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Sterling, Kansas, Jan. 22, 1906.

EDITOR OF KANSAS MEDICAL JOURNAL:

DEAR SIR:—The humiliating statement of one of the county societies of our state in the January number of the JOURNAL calls forth the thought, that the ministry can "silence" one of its number for disgraceful conduct, the legal profession can, on sufficient grounds, deny one of their number the right to practice before the bar; but so far as I know, no provision is

made to deny a man the right to practice medicine even though he become irresponsible or guilty of the basest of crimes.

I trust this disgraceful case (and there are other similar) may be the means of steps being taken to deny a man the right to practice medicine when he becomes a confirmed drug fiend or a criminal. I give you the above as my idea. Hoping there are others desirous of the same ends,

Respectfully yours,

H. R. ROSS.

**Why We Should Study the Pharmacopeia.**—Of all the standard works, that ever have been published, none is of greater authority and importance for the American physician than the book, that includes within its pages the history of *Materia Medica* in the United States.

Since Dr. Lyman Spalding of New York City in 1817 projected the formation of a national pharmacopeia, since in 1820 the first edition in both the Latin and English languages appeared, wonderful progress has been made in its perfection. When we consider that the idea for the compilation and publication of a work of such magnitude, originated by one physician, was acted upon and perfected in medical societies at a time when the country was relatively very poor, when the means of communication with other societies were extremely slow and difficult and when the art of scientific research was in its infancy, we cannot but admire the perseverance and pluck of those men, who, surmounting all obstacles, laid the foundation of a work of everlasting usefulness. If our medical societies were inspired by the same spirit, how much more could they achieve with all the modern improvements and discoveries at their command! A problem, as vital and important, as that at Dr. Spalding's time stands before us. They had only a limited amount of different drugs and recognized the necessity for the publication of a standard work, **we** have the very latest edition of this national authority on *Materia Medica* and at the same time a daily increase in new drugs with new names and wonderful claims. If we believe them the arcanum for every disease has been found and a golden age has dawned upon mankind (especially for the manufacturers.) We are in the midst of a veritable deluge of drugs. Patent and proprietary medicine ads fill the columns of our newspapers, the walls of our houses, the trees in the country, the rocks in the mountains must serve to proclaim the great virtues of the wonderful elixirs.

*Mundus vult decipi, ergo decipiatur*—The public alone is not entirely to blame for the avidity, with which every nostrum is gobbled up and every patent pill and golden booze discovery is swallowed. Is the medical profession at large not just as gullible?

Are there not thousands of physicians, who, while dispensing their

Wine of Cardui, their Bromo-Quinine, their Genotone, respitone, uretone and other "tones", have nearly forgotten how to write a prescription! And why? Because their memory has become dulled because the ready made pills and tablets and elixirs are so handy, that in dispensing them, they can dispense with thinking. All that could be changed if we would return to the "simple life," to the pharmacopeia. How will we be able to reform the world, before we begin with reforms at home? How many physicians keep this standard work in their library? How many have ever read or studied it? Is it not a common impression among the profession, that it belongs behind the dispensing counter of the druggist and has no business in the office of a physician? True—the druggist must have this book, it is his guide, friend and protector,—And why not ours? Do we not need it just as much, yea even more than the compounder of our prescriptions? Let us remember, that physicians, not pharmacists, were the members of the different organizations, that approved and adopted a national pharmacopeia and that first in the year 1840 some colleges of pharmacy were requested to participate in the revision of the work. The eighth revision of the U. S. pharmacopeia went into effect September 1st, 1905. A number of very important changes in the requirements for drugs have been made, also some changes in their names. A general uniformity in assayed fluid extracts and tinctures has been reached and many new drugs added to the list of official preparations. All these changes necessitate the reading and studying of this book.

How can we fight with any hope of success against the patent medicine swindle, if we are not acquainted with our own official preparations? In glancing over the list of new names I will select a few of the better known remedies:

There is first *Arseni trioxidum* for *Adicum Arsenosum*. When we remember that the chemical formula is  $As_2 O_3$  we understand the wisdom of this change. The next is *Acidum Carbolicum*, it is presented to us under the name of phenol. I do not understand the reason for this change; the old name was familiar to everyone and a good chemical designation. The hydrochlorates of apomorphine and cocaine are altered into hydrochlorides; *Liquor Potassae* becomes *Liq. Potassii hydroxide*; *Potassium Bichromas* is swapped for *Pot. Dichromas* and *Sodii hyposulphis* for *Sod. Chiosulphas*, the *spiritus glonoini* gives up its spirit for *spiritus glycerylis nitratis* and *Sodii sulphocarbolis* has to follow the example of carbolic acid and is called from now on *Sodii Phenosulphas*.

Who would recognize in the disguise of acetphenetidinum our faithful phenacetinum? If this change of name would involve a reduction from the present exorbitant price of one dollar per ounce to thirty cents, as it

is sold in Canada and other countries, it would be worth the while to learn how to pronounce it.

We must also bid good bye to a long tried friend, Salol; its new name is Phenylis Salicylas, why not phenolis salicylas, as it contains 60 per cent of salicylic acid and 40 per cent of phenol? The change of Resorcinum to Resorcinol will cause some misunderstandings. There is an article in the market, called resorcinol; it is obtained by melting equal parts of resorcin and iodoform, forming a brown amorphous powder, having the odor of iodine, the taste of iodoform; it is used as a dusting powder and is a marked antiseptic parasiticide. I am glad to see that among the new official preparations is the cataplasma kaolini; no more antiphlogistine for me.

In conclusion I wish to say, that the study of the pharmacopeia has become a necessity for every physician. It is by no means a very dry and tedious work and equips us well to take up the fight against the fads and fakes of proprietary and patent medicines.

Dr. J. C. R., A. B.,

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## PROGRAM FOR THE MEETING OF THE KANSAS MEDICAL SOCIETY.

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Topeka, May, 8, 9, and 10th, 1906

Preliminary announcement.

### SECTION ON INTERNAL MEDICINE.

1. The lack of interest in the study and practice of internal medicine, J. M. Latta, Wichita, Kansas.
2. Medical treatment of gastric ulcers—Etiology, Pathology, Symptomatology, Diagnosis, Treatment, Fred B. Lyons, Wichita, Kansas.
3. The medical treatment of diseases of gall-bladder and biliary passages, D. I. Maggard, Wichita, Kansas.
4. Cardiac inadequacy, W. E. McVey, Topeka, Kansas.
5. Diabetes, mellitus, and its curability, C. C. Seabrook, Burlingame, Kansas.
6. The attitude of physician and patient to the science and sentiment of medicine, C. P. McPherson, Great Bend, Kansas.
7. Prophylaxis of typhoid fever with the influence of soil and flies in the dissemination of the typhoid germ, J. E. Foltz, Hutchinson, Kansas.
8. Pathology and diagnosis of aortic regurgitation.

J. W. Graybill, Newton, Kansas.



Abstract—Physicians not inclined to give valvular diseases the proper amount of attention, the ratio as compared with other valve affections, the disease is frequently found in children, changes met with, cause of these changes, differential diagnosis from principal other valvular diseases, mitral regurgitation.

9. Bilateral cervical sympathectomy in exophthalmic goitre, with report of case, R. H. Mead, Great Bend, Kansas.
10. Suggestion in the treatment of certain psychoses, N. D. Toby, Salina, Kansas.
11. Ichthyosis, F. G. Lagerstrom, Salina, Kansas.
12. Rest, J. C. Kieping, Herrington, Kansas.
13. Acute epidemic jaundice, with report of case, H. R. Ross, Sterling, Kansas.

#### SECTION ON OBSTETRICS AND GYNECOLOGY.

1. Uterine prolapses and treatment, Geo. C. Purdue, Wichita, Kansas.
  2. Prevention and treatment of puerperal infections, Jno. D. Clark, Wichita.
  3. Endometritis, J. E. Oldham, Wichita, Kansas.
- Etiology, symptoms, diagnosis and treatment.
4. Septic fever in the puerperium, B. R. Riley, Coyville, Kansas.

#### SECTION ON MENTAL AND NERVOUS DISEASES.

1. Toxic Psychoses, C. C. Goddard, Leavenworth, Kansas.
2. Brain Tumors, W. S. Lindsay, Topeka, Kansas.
3. Paranoia, L. L. Uhls, Osawatomie, Kansas.
4. Paper: Epilepsy, M. L. Perry, Parsons, Kansas.

#### SECTION ON SURGERY.

1. Suppurative diseases of the kidney, D. W. Basham, Wichita.

Historical Notes, Pathogenesis, Bacteriology, Semiography, Diagnosis, Prognosis, Therapeutics, End Results.

2. Cholelithiasis, J. T. Axtell, Newton, Kansas.
3. Ectopic Gestation—Report of two cases that reached seventh month before death of foetus, diagnosis, dangers of operation after fourth month, treatments of membranes and placenta, G. M. Gray, Kansas City, Kansas.
4. Paper, J. P. Kaster, Topeka, Kansas.
5. Infected wounds and the extremities—Prophylaxis—avenues of introduction of sepsis treatment and bacteriology, S. Steelsmith, Abilene, Kansas.
6. The frequency, symptoms of gall stones, surgery and logical treatment, H. G. Welsh, Hutchinson, Kansas.
7. The treatment of intra-capsular fractures of femur, O. D. Walker, Salina, Kansas.
8. Ulcers of the stomach, T. R. Conklin, Abilene, Kansas.
9. The physician's responsibility to the surgeon, G. W. Jones, Lawrence, Kansas.

## SECTION ON THE EYE, EAR, NOSE AND THROAT.

1. Gonorrhoeal affections of the eye,—varieties, pathology, recognition, prophylaxis, treatment—J. F. Gsell, Wichita, Kansas.
2. Hypopyon keratitis, A. C. Graves, Pittsburg, Kansas.

## SECTION ON PATHOLOGY.

1. Pathology in the service of practical medicine—Pathology of disease too little studied by practitioner, the microscope is used too little in every day practice, when the microscope is used it is followed with too little question, some common fallacies in microscopic diagnosis, the chief value of the microscope as an educator—Arthur E. Hertzler, Kansas City, Missouri.

## SECTION ON MEDICAL ORGANIZATION.

1. The quack advertiser in the daily press, J. D. Riddell, Enterprise, Kansas.
2. The county society, J. A. Connor, Burlingame, Kansas.
3. Medical organization—Why organize, to get acquainted, remove jealousies, promote harmony, study code, compare notes, protection, safeguard to public, secure proper recognition, J. Dillon, Eureka, Kansas.

## SECTION ON ERUPTIVE DISEASES.

1. Dermatitis exfoliativa, H. H. Bogle, Pittsburg, Kansas.

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## SOCIETY NEWS.

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**Cherokee County Medical Society** met in regular session at Baxter Springs Jan. 9, 1906. Dr. R. C. Lowdermilk read a paper on Acute Endocarditis and reported a malignant case ending in recovery. Dr. J. P. Scoles was re-elected president, Dr. R. B. English was elected vice president; and Dr. R. C. Lowdermilk, secretary and treasurer. After adjournment the society was entertained by the Baxter Springs members. Next meeting will be held in Galena, Feb. 6, 1906.

R. C. LOWDERMILK, Secretary.

**Clay County Society.**—Program, February 14, 1906, promptly at eight o'clock. The studies of this month will be: Internal Medicine, "Pneumonia," G. A. Tull, Clay Center. Obstetrics, "Ectopic Gestation, with report of an Extraordinary Case," S. E. Reynolds, Clay Center. Applied Anatomy, "The Heart," T. E. Schwarz, Clay Center. Scientific Research, "Some Thoughts on the Scientific Advancement of the Local Medical Profession," M. C. Porter, Clay Center.

**The Marion County Medical Society** met at Peabody, Kansas in city hall January 10th, 1906, with L. A. Buck as president. The following papers were read and freely discussed by the members present: True Faith of a Homeopath, by J. M. S. Chesshir, Peabody, Kansas. Scarlet Fever, by Dr. Johnson, Elbing, Kansas. La Grippe, by Dr. L. A. Buck, Peabody, Kansas. Dyspepsia, by Dr. S. M. Palmer, Florence, Kansas. It being the annual meeting the following officers were elected for the ensuing year: President, Dr. E. S. McIntosh, of Burns, Kansas; Vice President, Dr. S. M. Palmer of Florence, Kansas; Secretary and Treasurer, Dr. R. C. Smith of Marion, Kansas. Members present were: Drs. Buck, Furst, Morrill, Johnson, Mayer, Myers, Palmer, McIntosh, Chesshir, N. M. Smith, R. C. Smith, Worthimer and Palmer. The next meeting will be held at Florence, Kansas.

**Rice County Medical Society** met in regular session January 18 in Lyons with the officers elect in their places. Pres. H. R. Ross, Vice Pres. J. A. McBride, Sec. C. J. Forney, Treas. Marion Truehart; Dr. L. E. Vermillion was elected censor for long term. C. E. Fisher delegate and H. R. Ross, representative to the State Society. Dr. Staats read a paper on Diphtheria and Dr. McBride a paper on Pleurisy. Both were good and were discussed freely. A joint meeting with Barton and Saline Counties Societies was arranged for, to be held in Sterling, Rice county, February 15. Rice county society is growing in number and also in enthusiasm.

C. J. FORNEY, Secretary.

**McPherson County Society** held its meeting January 16 at Marquette. Dr. Dean gave an essay on hepatic calculi. Thereafter a lunch was served by Dr. Rathbone and Mr. Elvin, the Marquette dentist and druggist. The officers for 1906 are Pres. Arvid Philblad, Lindsborg; Vice President, J. C. Hall, McPherson; Treasurer, E. O. Smith, Marquette; Secretary, C. D. Weaver, Galva; Delegate, Victor I. Vestling, Marquette; Censors: J. B. Alexander, E. Engberg, and R. S. Simpson, all of McPherson.

**Miami County**—has been organized with the following officers: L. L. Uhls, Osawatomie, Pres., J. H. Haldeman, Paola, Vice Pres.; J. D. Walthall, Paola, secretary; S. L. Brooking, treasurer; J. H. Haldeman, delegate; W. E. Craig, N. T. Speers, S. L. Brooking, Censors.

## NEWS AND NOTES.

**Medical Society of the Missouri Valley**—The next meeting of the society will be held in St. Joseph, on Thursday and Friday, March 22 and 23, under the presidency of Dr. John E. Summers, Jr., of Omaha. The local arrangements are in the hands of Drs. Jacob Geiger, O. B. Campbell, and C. R. Woodson, and hospitable St. Joseph extends a hearty welcome to all.

Among those who will contribute to the program are: Dr. N. S. Davis, jr., L. L. McArthur, and Fenton B. Turek, of Chicago; Dr. S. Grover Burnett, Kansas City; Dr. Chas. H. Mayo, Rochester, Minn.; Dr. C. O. Thienhaus, Milwaukee, Wis.; Dr. D. C. Gore, Marshall, Mo.; Dr. Prince E. Sawyer, Sioux City, Ia.

Those wishing to contribute papers should send in their titles at once, as the list will close February 15.

If you are not a member of this progressive society, now is the time to join. Two meetings a year—initiation one dollar, annual dues one dollar, including the Medical Herald.

CHAS. WOOD FASSETT, M. D., Secretary.  
St. Joseph, Mo.

**Fifteenth Annual Medical Congress**—Interest is increasing in the approaching session of the International Medical Congress, which is to be held in Lisbon, April 19 to 26. The preliminary program and itinerary of the American party which is being organized, describes a most interesting trip at very low cost.

Dr. John Musser, of Philadelphia, is chairman of the National Committee, and Dr. Ramon Guiteras, 75 West 55th street, New York City, is the secretary, to whom all applications for membership in the Congress and communications regarding papers should be addressed.

The sailing date of the American party is April 7, by the North German Lloyd Steamship, Koenig Albert.

The arrangements are in the hands of Dr. Chas. Wood Fassett, of St. Joseph, to whom applications for reservations should be made. In order that proper hotel accommodations may be secured in Lisbon, there should be no delay on the part of those who contemplate attending the Congress.

**On the Question of "Quiz Compends" and the use of the Term "Medical" Chemistry.**—Preface to a Compend of Medical Chemistry, by Henry Leffman, A. M., M. D.—It has been said that Alexander Pope is a poet whom everybody quotes and nobody reads. It may be said of Compends



that they are books that most professors and reviewers condemn and that nearly all students use. The truth is, that in the present systems in professional schools, students are obliged to meet two distinct requirements. They must study for the knowledge necessary for the practice of the profession and they must study to pass examinations. The latter are in so many cases arbitrary in scope, and affected by the personal equation of the examiner, that the student cannot be blamed for resorting to a concise presentation of the more important facts of the science, supplementing this by notes of the narrower and more strictly personal items of the teaching. Some teachers hold that note-taking is the best method, and are opposed to printed summaries because these latter obviate the student's obligation to take notes. In a large experience with a class of students of the best type of those in American professional schools, I have been led to the view that voluminous note-taking is not a good method. The pronunciation of technical terms is so irregular, and many of them are so strange to students, that they are entered erroneously in the notes and serious errors may be made and persist. The written words are necessary to full knowledge; the compend afford this aid. The merit of any compend will depend upon the correctness of the statements and the clearness and conciseness of the text. Modern chemistry is so extensive in its range and variety of facts and so highly specialized, in its practical applications that careful selection is necessary, and this selection must be made with reference to the student for whom the work is intended. It is not out of the way to indicate in the title the basis of such a selection. Lately, an imminent chemist has formally objected to the use of the phrase "Medical Chemistry," asserting that chemistry is chemistry without reference to the applications. I cannot agree with this view. The fundamental principles of chemistry are, it is true, the same to all students, but no teacher goes more than a few lessons into the subject before differentiation becomes necessary. The student in engineering does not need, and should not receive, the same treatment of the topic that the student of medicine receives. The whole science cannot now be taught to any one. The main object of professional schools is to fit students for practical work and the text-books should be written with this point in view. For a book intended for medical students, it is not only appropriate, but it is also advisable that the title should indicate its purpose. The mere title "Chemistry," will not inform correctly as to its scope. In a large work, intended for general reference, such limitation is not needed. I hold that "Medical Chemistry" is as appropriate a title as "Analytical Chemistry," "Physical Chemistry" or "Organic Chemistry."

H. L.

Published by P. Blakiston's Son & Co., 1012 Walnut street, Phila. 5th edition, revised, 12 Mo., 200 pages cloth, \$1.00 net.

In 1905, 2045 physicians of the U. S. died,—an estimated mortality of 16.36. "Heart disease" claimed 202. Below the age of 30, 62 died; above 70, 103; above 80, 239; beyond 90, 23, and two were more than 100 years old age. Eleven died in their year of graduation, 6 had practiced more than 70 years, and 65 more than 60 years; 303 more than 50; 629 more than 60; 982 more than 30; 1467 more than 20; and 1806 more than 10 years.—Journal A. M. A.

**The Seventeen Year's War for Pure Food.**—The history of the pure food legislation and the methods and the motives of its obstruction by the Senate are well described by Henry Beach Needham in the *World's Work* for February. He shows that the first pure-food bill was introduced seventeen years ago into the Senate, and that during the past four years substantially the same act has twice passed the House. The obstructive tactics of certain senators and the motives of the leading opponents of the bill are pretty well analyzed. The liquor interest, the patent-medicine business, the cottonseed oil industry of the South (which furnishes most of our imported olive oil) glucose manufacturers, etc., all have their advocates among the Senate leaders, one of the most prominent of whom, who is said to have much control over legislation and to be himself interested in the wholesale grocery business, a fact which "senatorial courtesy," does not allow being mentioned in the Senate debates. He points out that the tactics in the present long session are likely to be somewhat different from those that prevailed last year. If, he says, public clamor shows no signs of abatement the Senate "yields" When the Senate yields, then is the time to watch legislation, for while obstruction is still practiced the chief reliance is on emasculation. "To convert a bill drawn in the interest of the whole people into a harmless measure which 'business will accept' is then the policy. "Beware of the Senate when it 'yields', for it has not yielded. The enacting clause of the House bill will be retained, but the remainder of the measure will be the Senate's own make." We must not give the matter up. There is a force of public opinion that can make the Senate yield to some purpose, and the medical profession should have its share in creating it.—Journal A. M. A.

**New Members of the A. M. A.**—S. C. Emley, Lawrence; B. L. Hale, Neal; W. D. Huff, Westphalia; F. A. Harper, Pittsburg; W. P. Haning, Belleville; M. F. Jarrett, Ft. Scott; H. S. Justice, Hutchinson; J. W. Kirkwood, Wichita; R. C. McClymonds, Walton; R. S. Plummer, North Topeka; L. A. Warren, Clearwater; C. D. Weaver, Galva; James Welsh, Tampa; J. W. Yankey, Esbon; Brickell, J. B. Americus, C. E. Barber, Palco; D. F. Butcher, Severy; Bauer, W. H., Sylvia; Bogle, H. H., Pittsburg, Cunningham, M. E., Garnett; Cobean, H. L., Wellington; Cheney, J. W., King-

man; Connor, J. A. Burlingame; Decker, J. C., Belleville; Ebnother, C. L., Downs; Emory, E. B., Winfield; Faust, J. W., Kansas City; Hymer, E. S., Wichita; Holean, J. T. Garland; Hart, M. M., Macksville; Houck, J. H., Agenda; Henderson, A. G., Leonardville; Koentz, C. H., Onaga; Kline, J. S., Eldorado; Leigh, E. J., Hiawatha; Moore, D. B., Osage City; Mills, H. L., Penalosa; Martin, F. H., Iola; Manser, W. H., Burden; Markham, R. M., Scammon; McIntoch, E. S., Burn; Parrington, J. M., Emporia; Page, J. H., Emporia; Preston, J. C., Buffalo; Pelmer, S. M., Florence; Redmond, G. W., Potter; Smith, A. D., Wamego; Summers, Laurel, A., Wheaton; Stevens, T. A., Caney; Steelsmith, Simon; Abilene; St. John, H. R., Alton; Riddell, J. D., Enterprise; Waite, G. R., Milan; Winbigler, C. W., Harper; Zimmerman, A. C., Perry.

**Bioplasm.**—"Properly a 'cure' known as Bioplasm belongs to this list, but so ingenious are its methods that it deserves some special attention. In some of the New York papers, a brief advertisement reading as follows occupies a conspicuous position:

"After suffering for ten years the tortures that only an ataxic can know, Mr. E. P. Burnham of Delmar, New York, has been relieved of all pain and restored to health and strength, and the ability to resume his usual pursuits, by an easily obtained and inexpensive treatment which any druggist can furnish. To any fellow-sufferer who mails him a self addressed envelope, Mr. Burnham sends free this prescription which cured him—Adv.

"Now, people who give away something for nothing, and spend money advertising for a chance to do it, are as rare in the patent medicine business as out of it, and Delmar, New York, is not included in any map of Altruria that I have learned of. E. P. Burnham, therefore, seemed worth writing to. The answer came back, promptly enclosing the prescription and explaining the advertiser's purpose:

"My only motive in the notice which caught your attention is to help other sufferers. **You owe me nothing. I have nothing to sell.** When you are benefitted, however, if you feel disposed and able to send me a contribution to assist me in making this great boon to our fellow-sufferers better known, it will be thankfully received and used for that purposes."

I feel that Mr. Burnham does not make much money out of grateful correspondents who were cured of locomotor ataxia, because locomotor ataxia is absolutely and hopelessly incurable. Where Mr. Burnham gets his reward I fancy, is from the Bioplasm Company, of 100 William street, New York, whose patent medicine he prescribed for me. I should like to believe that his 'only motive is to help other sufferers,' but as I find on investigation, that the advertising agents who handle the 'Burnham' accounts are the Bioplasm Company's agents, I am regretfully compelled to

believe that Mr. Burnham, instead of being of the tribe of the good Samaritan, is probably an immediate relative of Ananias. The Bioplasm Company also preposes to cure consumption, and is worthy of a conspicuous place in the Fraud's Gallery of nostrums, '—Hopkins in Collier's Weekly.

**Expert Testimony.**—In the strenuous life which most physicians live, endeavoring to gain a livelihood, the temptation to profit by the multitude of suits brought against corporations and individuals for damages in accident cases is very strong. Too strong in some cases to be resisted, the doctor agrees to testify for a contingent fee and from that moment his testimony is necessarily biased and of little value.

It may be ethical, it may be right for a lawyer to suppress unfavorable testimony, to magnify favorable factors, to bully the opposing witnesses and put the desired words into the mouth of his own, to avail himself of all of the tricks of his trade to win his case, but it is not ethical and it is not right for the doctor as a witness to allow possible pecuniary profit to influence his testimony.

Most lawyers at some time or other defend criminal cases, being assigned to them by the court, but the fact that a man had so defended criminals would hardly be adduced as a reason why he should not have right on his side.

In recent action against a corporation the plaintiff's attorney asked each physician who was called by the defendant if he was not employed by the corporation in numerous similar cases, if he was ever employed otherwise and tried to impress on the jury that the physician was an employee of the corporation and so mindful of his duties to them that his testimony must be considered as already prejudiced against the plaintiff. The fact that the lawyer had at one time unusual facilities for knowing who were usually employed by the corporation as medical witnesses did not prevent him for using this information against it, and the implication that the physician under oath would be influenced by his pecuniary reward was an insult to the profession at large.

Such an implication to individuals is, however, unfortunately at times true and never more likely to be true than when the physician is interested in the case for a contingent fee. Some of the statements made by apparently reputable and educated physicians are surprising. We have heard physicians testify that a blow over the mastoid caused a patient to be near-sighted; that a stream of water from the watering-cart inadvertently thrown on a passenger in a car entered the ear and caused by traumatism an acute otitis media; that a kick directed against the coccyx caused nervous deafness; that a fracture of the femur should always untie without



shortening; and that a green stick produces more nervous shock than any other form. No one believes these statements but the jury.

A man recently said to the writer, "I wish I could get a job on the jury, I never earned so much in my life; but there is no chance for me, I am not educated enough." That man within a short time served on a jury and was asked to decide a case involving \$20,000.

Recently there was a suit brought for \$10,000 for alleged injuries. The testimony was absurd, the claims false in every particular and the only fact brought out by the testimony or in the attorney's plea was that the plaintiff was poor and needed the money while the defendant had enough and could spare a little. The case went to the jury and an informal ballot was taken. Eight men voted for the defendant, four for the plaintiff. After some hours in debate it was suggested, that, inasmuch they were unlikely to agree and the plaintiff would prefer to pay a little rather than to be obliged to retry the case, a verdict be given for the plaintiff and the amount should be left to another vote. Each member wrote the sum he thought was fair. Five wrote one cent; two, one dollar, one said ten dollars; two twenty-five; one fifty and one, five thousand. How did they settle it? When eleven men averaged ten dollars and twenty-two cents and one crank said five thousand, why they averaged the whole amount and gave a verdict for \$425. And this is what is called a fair and impartial trial by jury.

There is no other course for the honest and conscientious physician in these cases than to refuse contingent fees. If litigants want your services; let them pay for it; stick to facts and let the lawyers do the juggling with truth. Do not venture an opinion favorable to your side because the attorney asks you to do so but be honest with yourself and state your belief irrespective of the final outcome.

If a lawyer comes to talk with you about the preparations of a case, charge him for the consultation. It is what he would do to clients and undoubtedly the time spent with you is duly charged against them. As a rule lawyers do not waste their time in an effort to promote justice, theirs is a more sordid reason. When we are called to assist in the settlement of a litigation, we should be fair, honest, positive and remunerated."—*Providence Medical Journal*.

**The Awakening**—The whole medical profession of this country is just waking up to the fact that it has been slumbering and dreaming for many, many, years. But already signs of a new activity are in evidence in many portions of our country. In many communities, the best physicians will not make insurance examinations for less than \$5.00. They are discuss-

ing the lodge practice now and coming to realize the insult to professional intelligence in proffering a pittance for wholesale professional services. Most physicians who are not either moribund or densely ignorant are beginning to ask "imperinent" questions about the composition of the all too numerous "secret proprietary medicines offered to them by glib-tongued "detail men" Occasionally we hear a protest against the gratuitous educational remarks of some boorish drummer who undertakes to tell physicians all about the special and particular virtues and advantages of the nostrum manufactured by his particular "house." Most of the state journals are very much awake and are working hard to try and wake the slumbering members of the profession; but, unfortunately, some are either asleep, or, to judge from their advertising pages, are to be classed with the predatory privately owned journals. Doubtless the respectable element in there particular associations will prevail in time and these few state journals will then cleanse themselves and "be good."—P. M. J.

**Curious Conditions**—The present stirring up in the nostrum business is resulting in some very curious situations. The Ladies Home Journal has published a bill ideal in its construction, requiring the formula to be printed on the label of all packages of medicine containing alcohol or habit-forming drugs, and the bill has been introduced into the legislature of several states. It is certainly to be hoped that the influence of Mr. Bok's publication, together with that of the medical profession, may be enough to secure the passage of the proposed law; but the druggists, almost to a man, are fighting it. Probably the National Association of Retail Druggists will attack this proposed legislation wherever it is introduced, and may even impertinently attempt to secure legislation detrimental to any existing medical practice set, as it did in California last January. The proposed law, like all medical practice laws, is for the protection of the public, the medical is an altruistic profession, and every right-thinking physician is heartily in favor of such legislation as makes for the protection of the people. The druggists, apparently, have no thought for the public welfare, but would rather not see a law which would interfere with the sale of habit producing nostrums; their N. A. R. D., is fighting the attempt to secure decency and honesty and is aligning itself with the Proprietary Association of America; indeed, it has been rumored that the N. A. R. D. is very much under the influence of the P. A. A.. At the same time the druggists all over the country are clamoring for a closer and more cordial relation with the medical profession. Can they expect this to come about if through their own association, they oppose the very fundamental principles on which medicine is built and for which physicians devote their lives?

Is their desire to participate in the criminal profits derived from this sale of habit producing nostrums greater than their desire to assume more friendly relations with the medical profession. It certainly would seem so. Possible this may have some bearing upon the rapid growth of the practice of selfdispensing, a practice more made easy and reliable by the rapid development as active principle therapy.

**Some Others**—Two publication reached the JOURNAL office about the same time. One is the **New Idea**, published by the manufacturing house of Frederick Searns & Co., and avowedly intended for the purpose of presenting statements about articles of its own manufacture to druggists; it is a "house organ". The other is the **Western Druggist**, supposedly a pharmaceutical publication intended for pharmacists and druggists. Referring to some proposed bills, drawn up at a conference at which the Proprietary Association of America was well represented, which it is alleged will control the sale of dangerous nostrums, it says:

'Both the drafts have their origin primarily, not so much perhaps in the desire of the drug trade for restrictive legislation relating to sales of narcotics and of proprietaries containing alcohol as in the demand of the general public for the abolition of the sale of death-dealing narcotics and of venomous whiskies masquerading as medicines. The public wrath against this class of remedies has reached the boiling point and not without abundant reason.'

Yet on another page of the same issue, referring to one of the articles in Collier's Weekly which showed up the fraudulent nature of the nostrum crime and which, more than anything else brought about that public "wrath" and the Western Druggist has stated "with abundant reason" it speaks of the utter "unfairness and reckless mendacity which characterizes the treatment of this subject by the **Colliers** writer.' Wouldn't that inconsistency jar you? By contrast, the tone of the **New Idea** is refreshingly different. Mind you, it is only a "house" publication and one would suppose it would be chary of taking sides; yet it warmly and vigorously supports the fight against nostrums of this criminal class, and highly commends **Collier's Weekly** and the **Ladies Home Journal**. We certainly must congratulate the "house organ" it has honesty enough to place decency before dollars.

**Still More**—Consistency is not one of the jewels which grace the crown of the **Medical Record**—that medical publication which is far too editorially dignified to take cognizance of the fact that it actually has advertising pages which exploit questionable nostrums. There are some very interesting things about some of the business practices of the **Medical Record**,

but that it another story and one which will be written later. At the present time we merely wish to remark that the **Record** has at last discovered that Dr. Billings read a paper on the Nostrum Evil last July at the Portland meeting of the A. M. A. Naturally as the **Record** is one of the privately owned and "published for profit" journals, its business office does not take kindly to disparaging remarks concerning the things which pay it revenue. even if these remarks happen to be true. Therefore, the paper of Billings must be torn to pieces and his words be made to seem foolish. Yet the editorial writers, ignorant though they be that such things as nostrum advertisements exist, are presumably educated physicians with at least some considerable knowledge of truth and honesty, therefore, the editorial condemnation was, we imagine, a difficult matter. Whether difficult or not, it was painfully inconsistent, for after attempting to show that the demand for a knowledge of the actual formula is absurd, and that Dr. Billings was and is rather childish and did not know what he was talking about when he urged that secret formula proprietaries are not only unscientific but also dangerous, the **Record** winds up its Solonic editorial with the following gem:

"But we are convinced that Dr. Billings does not voice the general sentiment of the profession on this question. If the manufacturers were to publish their formulas—not on y the ingredients but the exact proportions of each—their preparations would undoubtedly find wider acceptance by scientific physice ans. Many of these now refuse to use secret remedies, but they would prefer the more elegant preparations of the pharmaceutical chemists (were the ingredients known) to extemporaneous mixtures, whenever in their judgment they met the indications in the individual case."

Dr. Billings is to be congratulated; we do not remember to have read any more satisfactory editorial endorsement of his main contentions than that quoted from the **Record**.—(Dr. Jones in the California State Journal.)

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### QUESTIONS FOR EXAMINATION.

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Before the Kansas State Board of Medical Registration and Examination, October 10, 1905.

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### ANATOMY AND HISTOLOGY.

1, Name the facial muscles and give their origin and insertion. 2, Name the tissues



entering into the formation of the hip joint. 3, Describe the os innominatum and name the muscles attached to same. 4, Name and locate the different portions of the digestive tract. 5, Trace a blood corpuscle from the heart to great toe and return to heart. 6, Describe the skin, giving its layers and histology. 7, Give the histology of an artery and vein. 8, Name and describe the various triangles of the body. 9, Name and describe the structures of the heel and ankle joint. 10, Give the histology of the liver.

#### CHEMISTRY AND TOXICOLOGY.

1, (a) Which system of weights and measures is employed in chemistry? (b) Give the subdivisions of a meter. 2, What is magnetic induction. 3, What are physical, what chemical, changes. 4, What is analysis and what synthesis? How can they be applied to water? 5, What is the hydrogen compound of bromide? 6, What is the treatment for arsenical poisoning? 7, How does CO<sub>2</sub> act as a poisoning? 8, How does the pancreatic ferment act on the fats? 9, Trommer's test—how is it performed? 10, What is the clinical significance of the presence of free uric acid in the urine?

#### OBSTETRICS AND GYNECOLOGY.

1, Diagnose and treat a case of face presentation. 2, What are the symptoms of placenta praevia? Give treatment. 3, Give treatment of post-partum hemorrhage. 4, How many kinds of version are there? Name them. And when would you resort to turning. 5, Write two pages on abortion and premature labor. 6, How would you treat an apparent death of a new-born child? 7, Give some of the deformities of the pelvis. 8, What are some of the causes of protracted labor? 9, How would you treat a prolapse of the umbilical cord? 10, When would you use an anesthetic in labor?

#### PATHOLOGY.

1, Give structural changes that take place in acute and chronic appendicitis. 2, Describe the structural changes in tissue that take place in two kinds of naso-pharyngeal catarrh. 3, Give the pathological lesions that take place in acute and chronic endocarditis. 4, What structural changes take place in acute and chronic pleuritis. 5, Give the pathological anatomy of angina pectoris. 6, Give the structural changes of prostatic hypertrophy. 7, Give the pathological changes in necrosis and caries of the bone. 8, Define the structural changes characteristic of acute and chronic cystitis. 9, Give the pathological changes that take place in the different types of cirrhosis of the liver. 10, Give the structural changes that take place in acute peritonitis.

#### BACTERIOLOGY.

1, How do cells multiply, and what conditions are necessary for their growth? 2, Describe the Klebs-Löffler bacillus, and what disease do they produce? 3, What are leucocytes, and what occurs when they come in contact with pathogenic bacteria? 4, What microbes are found in acute abscesses? 5, Describe the staphylococcus aureus, and where are they found most frequently. 6, Describe the bacillus coli communis, and where and in what diseases is it found? Give the points of difference between it and typhoid bacillus. 7, Name and describe the bacillus of erysipelas. 8, What is immunity, and describe natural and acquired immunity? 9, What are germicides, antiseptics, and disinfectants? 10, Give general method of staining bacteria. Name five culture media and detailed method of preparation of one.

#### PHYSIOLOGY.

1, Define the science of physiology. 2, Describe the mechanism and circulation of the blood through the heart and explain the diastolic and systolic murmurs. 3,

Describe the portal circulation. 4, What is meant by the vaso motor system. 5, Describe the various kinds of blood corpuscles and give their origin and function. 6, Give the functions of the lungs, describing the various processes. 7, Describe the different kinds of muscular tissue and mode of action of each. 8, What membrane lines the mastoid cells. 9, Describe the process of menstruation. 10, How is animal heat produced, preserved and dissipated?

### SURGERY.

1, When the femur is dislocated upon the dorsum ilii, how would you proceed to reduce it? 2, Name three symptoms always found in dislocations of the "head of the bone into the axilla." 3, What is Pott's fracture? Give diagnosis, prognosis, and treatment. 4, Name some of the characteristics of malignant neoplasm. 5, What is suppuration? 6, Give the treatment of congenital talipes, when discovered early. 7, Define paraphimosis. Give surgical treatment. 8, What are the three general anesthetics in common use? Contra indications for each. 9, Differentiate an ovarian cyst from pregnancy five to seven months. 10, What preparatory and post-operative treatment should be instituted in case of laparotomy?

### OPHTHALMOLOGY, OTOTOLOGY, RHINOLOGY, AND MEDICAL JURISPRUDENCE.

1, Name some causes of ozoena. 2, Discuss the pathological characteristics of naso-pharyngeal adenoids. 3, Define strabismus. What causes it? 4, Describe the crystalline lens and give its relations. 5, The vast majority of all the diseases of the ear have their origin in inflammations of what particular membrane? 6, Prescribe for chronic case of otitis media purulenta. 7, Nasal polypi—give diagnosis and surgical treatment. 8, What do you understand by medical jurisprudence? 9, What constitutes a dying statement, and what conditions necessary to make it admissible as evidence in a court of justice? 10, Give diagnostic symptoms between diphtheria and follicular tonsilitis.

### REGULAR.

#### THEORY AND PRACTICE.

1, Give treatment of acutegastritis. 2, Give symptoms and treatment of acute esophagitis. 3, Give diagnosis and treatment of diabetes mellitus. 4, Diagnose and treat constitutional syphilis. 5, Give treatment for acute articular rheumatism. 6, Diagnose and treat a case of dengue. 7, Give diagnosis and treatment of a case of mumps. 8, Give etiology and treatment of erysipelas. 9, Rubeola morbilli—treatment and diagnosis. 10. Etiology and treatment of scarlet fever.

### REGULAR.

#### MATERIA MEDICA.

1, What are the mydriatic anodynes? What medicines are included under this head. 2. What is belladonna? 3, What is the difference between an infusion and decoction? 4, What are excitomotor? 5, What active principles does nuxvomica contain and how may the presence of these alkaloids be detected? 6, What potassium salts are used as cathartics? 7, What is carbolic acid and what are its physiological actions? 8, What are the medicinal uses of phosphorus? 9, What are the physiological actions of opium? 10, Name the preparations of antimony and give their medicinal uses.

## HOMEOPATHIC.

## THEORY AND PRACTICE.

1, Give treatment of pleurisy. Name remedies you would use before and after effusion. 2, Give treatment of puerperal fever. Name remedies, with indications for each. 3, Give complication most frequently met with in scarlet fever. 4, Name remedies most prominently useful in cholera morbus. 5, Give differential diagnosis in diphtheria and follicular tonsilitis. 6, Give diagnosis and treatment of acute catarrhal inflammation of the middle ear. 7, Give treatment of a case of acute uremia. Give cause and symptoms. 8, Give causes and pathology of acute parenchymatous nephritis. 9, Give differential diagnosis between catarrhal jaundice and biliary calculi. 10. Give causes and treatment of gonorrheal ophthalmia.

## HOMEOPATHIC.

## MATERIA MEDICA.

1, Describe the general toxic effect of belladonna on the system. 2, Give an outline of a proving of rhus tox. 3, Mention one of the earliest and most prominent symptoms of strychnine poisoning. 4, Name five prominent symptoms calling for lycopodium. 5, Describe the skin eruptions of sulfur. 6, Differentiate between the eczema of rhus tox and graphites. 7, Give an outline of a nux vomica proving and differentiate between it and pulsatilla in dyspepsia. 8, Name five of the most frequently indicated remedies in typhoid fever. 9, Name three remedies for each of the different stages of pneumonia. 10. What is your treatment for a typical case of La grippe?

## ECLECTIC.

## THEORY AND PRACTICE.

1, Give the cause of and treat a case of jaundice. 2, What are the indications for eryngium, gelsemium, and dioscorea? 3, Name four classes into which remedies are divided, according to their action. 4, Name five remedies that influence the blood, and give the pathological condition calling for each. 5, Diagnose and treat a case of dysentery. 6, Diagnose and treat a case of enterocolitis. 7, What is meant by typhoid conditions. 8, Name five remedies that counteract sepsis. 9, Diagnose and treat a case of suppression of urine. 10, Diagnose and treat a case of typhoid fever.

## ECLECTIC.

## MATERIA MEDICA.

1, Define infusion, decoction, emulsion, powdered extract, solid extract, fluid extract, sinapism, fomentation, diuretics, diaphoretics, and name one of each. 2, Give specific indications for collinsonia. 3, Give specific indications for the use of acetate of potassium. 4, Give the pathological condition in which you would use quinine. 5, Give botanical name of fringe tree, and give the specific indications for its use. 6, Write a prescription for acute cystitis. 7, Give specific indications for pulsatilla, nux vomica, viburnum, iris, and cactus gran. 8, Give specific indications for the use of baptisia, chlorate potassium, muriatic acid, sulfurous acid. 9, Name the different products obtained from Peruvian bark, Chinese poppy, and deadly nightshade. 10, Give treatment and antidote for poisoning from carbolic acid, concentrated lye, strychnine, corrosive sublimate, Rough on Rats, fly-paper, opium and its salts.

**Kansas October Report.**—Dr. T. E. Raines, secretary of the Kansas State Board of Registration and Examination, reports the written examination held at Topeka, October 10-12, 1905. The number of subjects examined in was 10; total number of questions asked, 100; percentage required to pass, 75. The total number of candidates examined was 28, of whom all 21 passed and 7 failed. The following college

Col ege	PASSED.	
	Year	Per
	Grad.	Cent.
University of Nashville.....	(1905)	85
Northwestern University.....	(1905)	84
Missouri Med. Coll.....	(1890)	77
University of St. Louis.....	(1905)	80
University Med. Coll. Kansas City.....	(1902)	88
Keokuk Med. Coll.....	(1905)	75 76
Tennessee Med. Col.....	(1899)	77
Denver and Gross Med. Coll.....	(1905)	88
Hahnemann Med. Col., Kansas City.....	(1905)	75
Central Med. Coll.....	(1905)	84
Illinois Med. Coll.....	(1905)	85
Meharry Med. Coll.....	(1904) 76 (1905)	89
Barnes Med. Co l.....	(1903)	81
Denver Homeo. Med. Coll.....	(1902)	82
Hospital Coll. of Med. Louisville.....	(1905)	82
Kentucky School of Med.....	(1902)	75
American Med. Coll. Chicago.....	(1905)	85
Laval University, Quebec.....	(1904)	78
Universitv of Colorado.....	(1904)	85

#### FAILED.

Hahnemann Med. Col ., Chicago.....	(1885)	70
Meharry Med. Co l.....	(1902)	60
Central Med. Coll.....	(1905)	65
Ensworth Med. Col.....	(1905)	65
College of P. and S. Boston.....	(1904)	65
Starling Med. Coll.....	(1881)	58
Keokuk Med. Coll.....	(1897)	68

—From Journal A. M. A.

**For Sale—\$900.00** buys my residence and pracitce. (Practice is worth \$1600 a year). Location, Northwestern Kansas. Population 500. Appointments, several good ones. Reason for selling ill health. Address No. 29, Journal office, Simpson Block, Kansas City, Kansas.

**Dr. Schwarz** of Rosedale, Mo., wishes to leave this climate and go south. He therefore will gladly sell his practice.



### THE NEUROTIC DISORDERS OF CHILDHOOD.

Some years ago a country practitioner when asked what book be used for his text on practice, replied, "Holt." We are reminded of this by the reading of Dr. Rachford's little book on the neurotic disorders of childhood. If there ever was a helpful discussion of this class of cases applicable either to adults or children, this is it. Dr. Rachford's discussion of auto-intoxication, migraine, recurrent vomiting, etc., will do much to help the general practitioner in carrying for these cases. He puts uric acid poisoning in a better alignment with the other auto-intoxications than do most writers for the general practitioner.

We have but little to criticize in the book. There are the usual slips in technical terms: "Ejecta" for "dejecta;" "Thalmus" for thalamus; etc. He doesn't lay as much stress on mechanical and balneological treatment as we would like. He advocates cannabis indica when most men say that it is useless. Similarly, he uses colchisal, without giving its formula and showing why it is effective. We might question his reasoning on pp. 86-89 that because tuberculosis deposits are found in most feeble minded patients, therefore tuberculosis is a prominent cause of the nervous trouble, because we know that probably ninety per cent. of sane persons have such deposits.

The statements are clear and the discussions so thoroughly helpful that even when we do not agree with the details of the therapy, we nevertheless can understand the principles upon which treatment should proceed.

**Neurotic Disorders of Childhood including the study of auto and intestinal intoxications, chronic anaemia, fever, eclamssia, epilepsy, migraine, chorea, hysteria, asthma, etc.,** by B. K. Rachford, M. D., professor in the University of Cincinnati, New York. E. B. Treat & Co., 241-243 West 23rd street, 1905. Pp. 440, small 8vo, Cloth, price \$2.75.

**A Pocket Case Free.**—Great interest is manifested by the profession just now, and rightly, in the nostrum evil—the practice of promoting secret ready-made prescriptions for the doctor to use as the manufacturer advises, all of which has a distinct degenerative effect upon the profession as a scientific body of thinking men. The Abbott Alkaloidal Co., always alive to the best interests of the physician and obviating, in their idea, any excuse for all this, offer to the profession standard active principles which the doctor can apply, singly or in combination, at his own discretion—dispensing or prescribing as he may prefer.

To any practicing physician who will write asking for it, and mentioning this Journal they will send, for only 20c, a neat pocket case containing six vials of the essential (most used) active principles—the smallest and neatest emergency pocket case ever made—just fits the fob-pocket and but little larger than your watch. See their advertisement page xi. A postal card will do it. Hundreds of positive doses for the asking.

# The Journal

OF

The Kansas Medical Society

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Volume VI

April 1, 1906

Number 4

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## OUR PRESIDENTS.

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S. B. Prentiss.....	Lawrence.....	1859
J. P. Root.....	Wyandotte.....	1860
C. A. Logan.....	Leavenworth..	1866
Albert Newman.....	Lawrence.....	1867
John Parsons.....	Mt. Pleasant.....	1868
M. Bailey.....	Topeka.....	1869
N. S. Thomas.....	Leavenworth.....	1870
Daniel C. Janes.....	Junction City.....	1871
W. H. Cochrane.....	Atchison.....	1872
G. K. Kennedy.....	Topeka.....	1873
R. S. Redfield.....	Fort Scott.....	1874
Tiffin Sinks.....	Leavenworth.....	1875
H. S. Roberts.....	Manhattan.....	1876
W. L. Schenck.....	Osage City.....	1877
C. C. Furley.....	Wichita.....	1878-9
B. E. Fryer.....	Leavenworth.....	1880
J. H. Stuart.....	Lawrence.....	1881
Geo. Halderman.....	Paola.....	1882
D. W. Stormont.....	Topeka.....	1883
C. H. Guibor.....	Beloit.....	1884
H. O. Hanawalt.....	Arvonia.....	1885
F. D. Morse.....	Lawrence.....	1886
L. A. Buck.....	Peabody.....	1887
J. Bell.....	Olathe.....	1888
C. B. Green.....	Winfield.....	1889

J. E. Minney.....	Topeka.....	1890
J. E. Oldham.....	Wichita.....	1891
E. F. Dickman.....	Fort Scott.....	1892
G. W. Hogeboom.....	Topeka.....	1893
W. R. Priest.....	Concordia.....	1894
R. S. Black.....	Ottawa.....	1895
F. M. Daily.....	Beloit.....	1896
C. A. McGuire.....	Topeka.....	1897
Jas. A. Lane.....	Leavenworth.....	1898
Charles Gardiner.....	Emporia.....	1899
L. H. Munn.....	Topeka.....	1900
J. W. May.....	Kansas City.....	1901
J. H. Brierly.....	Glasco.....	1901
W. E. McVey.....	Topeka.....	1903
L. Reynolds.....	Horton.....	1904
C. E. Bowers.....	Wichita.....	1905

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**President Bowers** who has so ably represented us at home and abroad this year was born in Canal Dover, Ohio, November 17, 1855. He obtained his degree in medicine at Rush Medical College, February 20, 1883. He has been known best by his surgery with Dr. Fabrique at the St. Francis Hospital of Wichita. He, however, had made himself known long before this by his excellent work in Anthony. Dr. Bowers belongs to the American Medical Association, the Western Surgical and Gynecological Association, and of course to the South Kansas Medical Society.

**Topeka, May, 9, 10, 11.** Each of us should try to be present at Topeka prepared to understand each paper. This can be easily done if each will look over the program published last month and then look up his text books. If we read our text books thoroughly we shall be ready for any essayist who does not give us original matter. The discussions should be the best part of the meeting. Instead of sitting like a lot of catechists listening to sermons, let us make our meeting a council of war,—a discussion among peers. (R. R. fare one and one-third, on the certificate plan.)

**Boston, June 4-7.** The railroad fare from Kansas City to Boston and return will be (probably) only \$35.00 or \$30.05, depending upon our route. Berths in a Pullman costs \$8.00 each way. Those who plan to go should write us.

**Resolved.** That the Germantown Homeopathic Medical Society of Philadelphia, places itself on record as opposed to the manufacture and sale of all patent medicines or nostrums of whatsoever sort, and requests all members of the medical fraternity to abstain from publishing their articles in any medical journal advertising patent medicines or nostrums.

This society commends all medical journals and all newspaper which abstain from advertising patent medicines and nostrums for their campaign against the patent medicine and nostrum business.

The pure-food Commissioner of the State is commended for the work he is accomplishing in this direction, and this Society pledges him its support in all future efforts of the same kind.

The public is cautioned against the use of patent medicines and nostrums as unscientific and dangerous to the general health and welfare.

It may be that the passage of such resolutions will do no good, but in the opinion of your editor detailed resolutions published in the newspapers (even if we have to pay for space) cannot help bringing people to to a realizing sense of the folly. Now, let us try it. Send in the clippings to the JOURNAL.

**Commissions**—There is not one of us who does not feel a contempt for the man who gives commissions.—and also, though possibly in lesser degree, for the man who receives them. Even though a man may argue himself into believing that commissions are justified he nevertheless knows in his heart of hearts that the giving of them it is wrong. We hope that Kansans will be the first here as elsewhere to right wrongs, and drive the practice out of this part of the country. There are men in Kansas City (in spite of an oft repeated statement to the contrary) who will not stoop to this practice. We believe also that there are consultants in Topeka and Wichita who do not give commissions and who do not solicit patronage. It is the duty of the general practitioner to seek out these men and let merit rather than graft dictate his choice of a consultant.

**Newspaper Popularity**—Continuing our line of thought we cannot do better than give here extracts from a talk of Dr. O. P. Davis before the Shawnee County Society. Many of our readers will readily understand why this is especially appropriate at this time.

The Roman populace were kept from disquietude by bread and shows. The political bosses were able to keep in power by pandering to the popular appetities for bread and for sensation. Today we have a new version of the "**Panem et Circenses**" of Roman times. It is our ultimatum as that was theirs. They had to have something to eat and the circus shows to look at. We must have something to eat and the papers to read. Bread and the newspaper—bread and sensation—food for the same twin hungers



as of old without much change in the bill of fare. For it must be conceded that the main office of the up-to-date newspaper is to feed the primordial public desire for that which is startling and sensational; for that which will stir the mind from the contemplation of the dull commonplace to a pricking up of its ears and a feeling of titillation or shocked sensibility. We live on our emotions at the sick man is said to be nourished by his fever. The ordinary mental diet becomes distasteful and there is an insatiate craving for the highly seasoned and putrescent.

This is the essence of news. News is not the statement of facts and events recently happening or about to happen. It is this with its supplementation of that which will add aroma or flavor or pungency.

"Dr. Jones went to Tecumseh today" is not to be considered news. But take the following:

"Dr. Jones was called professionally to Tecumseh at attend Mr. Timothy Hayseed who fell from the tower of his windmill. The Doctor made the trip down in his new automobile in just three minutes and ten seconds. He reports the patient as now out of danger, though it was found that two of the upper cervical vertebrae were dislocated and required to be retained in place after being skillfully reduced, by a silver wire."

This amplification of the original item is recognized as news. It will be observed that it deserves attention as such on account of the detailed description of the salient points of interest, and the evident authority of the information. The reader is caught and his senses thrilled by such an item, while the first meagre statements would not cause him a moment's pause.

Take another example:

"Mr. Rainy Day was yesterday taken to the Thief-Rogues Hospital to undergo an operation."

This if put in the paper at all, would probably be printed in some obscure column of shop notes as a sort of placebo to a small group of subscribers who like to see their names in the papers. But it is not for a minute to be considered news. In these days it is nothing strange or startling to be taken to this celebrated hospital or some other quite as much so, and there have cross and longitudinal sections made of one's viscera. But dress it up a little; find out some of the interesting details, and when it can be made to read something as follows, it is news;

"Mr. Rainy Day, of 711 Holdup street, who has been suffering for a long time from some abdominal disease which had defied the diagnostic acurenn of many of this city's most noted physicians, was yesterday taken to the Thief-Rogues Hospital, his disease having been successfully diagnosed by Dr. Thief as intestinal obstruction with intussusception. The Doctor, ably assisted by Dr. Rogues and by a few of Topeka's most eminent consultants immediately operated, successfully removing sixteen feet of intestines, performing also an cleo gastrostomy. This operation is unique, in that it is the the first time sixteen feet of intestine have been removed at one sitting from a single patient, although Dr. Mademoney who witnessed the operation is reported to have frequently removed as much as fourteen feet. The patient is on the

high road to recovery, and the successful outcome of this operation will be another triumph for Dr. Thief, who has been the object of so much vindictive and jealous opposition on the part of the local medical profession."

The newspaper is always ready to notice important scientific advance in means or method as applied to the treatment of disease, but unfortunately such scientific notes are unimportant as news in themselves. It is only when they are given as individual interest by attaching to some local performance that they become real news. For instance the bald statement that the electro magnet has come to be employed largely by surgeons for the locating and removal of certain metallic bodies would not be of enough interest to be worth printing. It is either too commonly known or too abstract a proposition to be interesting. But take some such concrete embodiment of the fact as follows and you have an item that will command a three deck heading on front page:

#### WONDERFUL SURGICAL PERFORMANCE.

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##### Hidden Forces of Nature Made to Serve the Doctor's Ends.

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##### Doctor Hurrah Successfully Removes a Case-Knife From a Man's Stomach by the Aid of a Powerful Magnet.

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The medical and surgical world, as well as the public in general have seldom had such a striking demonstration of the utilization of Nature's hidden powers to serve human necessities as was yesterday made by Doctor Whooper Hurrah at Fallen Angel's Hospital. A young man from a neighboring town had, about eight weeks ago, while hurriedly eating his dinner, inadvertently swallowed his table knife. For awhile little was thought that nothing would come of it, and little attention was paid by the friends, to the incident. But later on the development of some dyspeptic symptoms he consulted his family physician, Dr. Legg, who insisted on bringing him at once to this city where he placed him under the efficient care of Doctor Whooper Hurrah whose surgical skill is as widely and favorably known. All efforts to remove the offending implement by elimination per *vías naturales* having proved ineffectual, Dr. Hurrah at once resorted to the new and startling procedure of extraction by magnetic induction, with secondary operation. The magnet was passed by deglutition into the stomach with some difficulty, amidst the breathless wonder of onlooking physicians and representatives of the press. The current was then turned on and the line, of magnetic force made to permeate throughout the abdominal cavity. Suddenly a loud "click" was heard. The magnet had forcibly engaged the missing knife and it was thus held securely. It was then a simple matter for one with Dr. Hurrah's skilled technique, to open abdomen and remove the offending object. The patient it is understood will make a brilliant recovery.

Dr. Hurrah in commenting upon this case to the bystanders and representatives of the press said he had frequently used the magnet in this manner as an adjuvant to operative measures, and that on one occasion he had been able to extract the foreign body through the oesophagus.

Medicine and bread and the newspaper—Great public necessities all, but the first and last of this trio thought by some old-fashioned people to be antagonistic and incompatible. But we who have been in a position to observe can readily see the error of this view. The newspaper is the sure and quick way to the public mind. It is made easier to win fame by judicious newspaper publicity than to wait for a fame that comes from close application to the daily grind. The latter may require years and years of waiting, and, at the end of a long and useful and faithful service to the community, may still have failed to come, if we accept the world's ideal of fame. The other way is so easy. Dr. Skinners, newly fledged from the college nest, and with feathers still wet from the hatching, takes the newer and more direct route to the lofty perch. He bribes the reporters or the police, or buys space outright, and thus exploits himself to his heart's content. And some of the older birds, who are restless, somehow get about the same kind of advertising, though of course they don't know how these things get into the papers. They would vigorously resent and repudiate the idea that they put them in or got them put in, or allowed them to go in. No doubt these "just growed" like Topsy. But all such fame is fictitious and counterfeit. A popularity and fame of such manufacture is like that of the speaker vigorously called for at a certain political meeting. Every time a new speaker came on a certain man bawled out "Henry! Henry! I call for Mr. Henry!" Finally, after several interruptions of this kind, a very young man ascended the platform and began to speak, when again came the call for Mr. Henry. The chairman now arose and asked the gentleman to please refrain from further calls, as Mr. Henry was now speaking. "Is that Mr. Henry?" cried the disturber of the meeting. "Why, that's the little cuss that hired me to holler."

It is amusing to see the perplexed chagrin that the extensive and elaborate descriptions of somebody's wonderful medical or surgical performance or opinion excite when the newspaper article is brought to that somebody's eye. His face and words protest, but withal they do protest too much. He does not know how it got in, he will aver, but if put upon the rack he is willing to swear that all those wonders did really happen.

The newspaper is not to blame. The newspaper is run from the counting-room standpoint. Its business is to supply the public mind with sensation, for a financial consideration. It is asking too much for it to verify and vouch for everything it expects to print. All the better if there is some fiction mixed with the truth. Truth is stranger than fiction only when it is highly seasoned with the latter. This is the day of fiction.

The medical profession, however, must decide whether the old traditional prejudice against newspaper exploitation shall be ratified in their

latter days, and stood up for; whether medicine is to be a trade or a mercenary pursuit and thereby rightly resorting to the tricks and turns and pretenses of the commercial world; or whether it shall declare itself as a great and mighty calling, with money as its right and proper due but not its chief goal; scorning self praise, and ashamed to be found paying tribute to those who sell praise and notoriety by the inch; counting it the proudest and most cherished compensation to live and die with the respect of those who hold to like opinion, and with the respect of self.\*

The State Board of medical registration proposes to hold an examination in Topeka on May 1. Dr. Raines, the secretary, says that the lack of funds may prevent their holding their regular June meeting. This of course would let all the short term schools get in their graduates but would compel graduates of the University of Kansas and other full term schools to wait until fall for an examination admitting them to practice. Later: Dr. Raines has said, however, that he would assume the responsibility for announcing an examination on June 12. Your editor wishes to thank him for it.

**Poor Pittsburg.**—An advertising itinerant has taken possession of Pittsburg. The Journal has received columns of clippings from the Pittsburg papers. The only new dodge is that the boy wonder has a physician with him who is licensed in Missouri. We wonder where the wonder will go next. It's up to our state Board now, and their attitude is given in the following letters.

DEAR DOCTOR:—

We have a "freak" operating in our midst for the past month or more. The enclosed clippings will give you some idea of the methods used. Perhaps I should have said "freaks" as there seems to be a company of these people; however, I believe only one of them claims to be a bona fide "doctor" who makes the examinations, diagnoses, etc., using this "Boy Phenomenon," as his instrument through which to work his "cures." This doctor's name is A. E. Caulfield, I believe, is a college graduate, and holds a license issued by the Kansas State Board of Examiners, dated Jan. 20, 1906. They are doing a quack business of the boldest type, and have literally flooded the county with their circulars and newspaper advertisements. Investigation and inquiry have shown that their position is simply impregnable, and that there is absolutely no chance for any legal action against them—they are sharp enough to keep within legal bounds.

The president of our County Society, Dr. Graves, wrote to the Secretary of the State Board of Medical Examiners in regard to this matter, but at last accounts noth-

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\*Response to Toast "The Medical Profession and the Newspaper" at the Fifth Annual Banquet of the Shawnee County Medical Society, Topeka, Feb. 5, 1906, by O. P. Davis, A. B., M. D.



ing had been heard from that quarter; they have probably ignored the matter entirely. Surely the profession, as well as the public in general, should be protected from such blatant advertisements as may see fit to impose themselves upon us. It seems to me that it is a "slam" upon the community and upon the medical profession in particular, that such are permitted to thrive in our midst.

It might be that the "Journal" the official organ of the medical profession in Kansas, might be the proper medium through which these fellows might be advertised somewhat. There is no telling where they will next "light," and it might be well for the various County Societies to know of these operators, so that when their precincts are invaded, a warm reception may be prepared for them. \* \* \* \*

DEAR DOCTOR:—

As I wrote you some time ago, the doctors of our little burg have been somewhat stirred up over the bold methods of some advertising quacks, headed by one Dr. A. E. Caulfield. Investigation showed that his position was unassailable from a legal standpoint, and that anyone who dared to say or do anything in the matter was liable to get into trouble, he being a regular graduate of a Missouri medical college, holding a Missouri license, and also a Kansas permit to practice medicine, everything all right according to law.

This matter was taken up and discussed informally as our society meeting last Monday evening, and I will endeavor to give you the gist of what was learned there. Some time ago Dr. H. B. Caffey, city physician, and Dr. C. A. Fisher, county health officer, accompanied by the sheriff, called upon the doctor in question, serving summons upon him to appear before the Missouri State Board on May 1, to show cause why his license should not be revoked, etc. (The gentleman remarked that this was not the first time such a paper had been served upon him, and he hoped it would not be the last.) This action was in response to some correspondence between the secretary of the Missouri State Board and Dr. Caffey. They said that they would take the matter up for investigation, and asked for more clippings, etc., which would be used as evidence against the doctor in the coming trial. In substance they said that they would do their duty at their end of the line, and then the Kansas Board could have him, etc.

It would almost seem that the Kansas Board does not want to have anything to do in the matter, from the reply which Dr. Graves received to his letter to the secretary of the Kansas State Board. His reply was very non-committal,—the substance of the communication being that according to the ruling of the Attorney General the law regulating the practice of medicine does not govern the manner of practice. There the physician has met the legal requirements, etc., etc.—that being left wholly with the medical societies as to how one shall be governed. He thought we had better keep quiet and not air this matter, as it would do more harm than good; that if we were to keep quiet we might be able to get the Legislature to amend the laws to cover such cases, for if we would air this matter now we might meet strong opposition,—etc., etc.

Now, doctor, I have given you the substance of this matter, as I remember it. It was taken up informally, before the meeting was called to order, Dr. Graves and Caffey reading letters from each board.

Fraternally yours,

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Here is a sample clipping:

(From the Pittsburg Daily Headlight.)

### Special Notice.

The management of the Boy Phenomenon have secured offices during their stay in Pittsburg at the Courtland hotel, where those withing private treatment may call any day during the next two weeks from 10 a. m. to 5 p. m. and receive consultation, examination, a thorough diagnosis, and advice by the physician in charge. If found curable the price will be named. If the case present an incurable condition it will not be accepted.

Cleverly worded, isn't it?

Here is another clipping:

The boy phenomenon has again been compelled to prolong his stay another week, that is, he will receive new patients until Wednesday, Feb. 21st, but will remain longer to finish treating those who go under treatment in the meantime.

Now, those who have not taken treatment, thinking he would not be here long enough to effect a cure, may be assured of his remaining a sufficient length of time to give all necessary treatments to produce the same magical results as have been reported in the press daily almost since his great advent among us.

There was also another class of patients who called the past four weeks and had consultations but from various reasons were unable to pay the price named. They are especially invited to return with their envelopes and take advantage of these greatly reduced prices, which are within the means of all.

Not only has the price of treatment again been reduced, but the consultation fee has also been taken off, and now for one week only all consultations are absolutely free.

The Boy Phenomenon brings to his aid nature's own vital force, vital magnetism. He has something new to offer you. He will not treat you on the same lines upon which all the rest have failed, but will cure you by the same treatment by which he has cured 87 patients in Pittsburg alone during the last four weeks. Having discharged so many patients as permanently cured, he now has more time to devote to new ones. But appointments must be made at once, as no cases will be taken after Wednesday night at the low fees. Office hours at the Courtland Hotel daily from 10 a. m. to 8 p. m.

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## TYPHOID FEVER.

X. OLSEN, M. D.

Clay Center.

In presenting this paper, it is not my purpose to produce here an article on typhoid fever superior to what we can find in the works of Anders,

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\*Read before the Clay County Medical Society, January 10, 1906.

Tyson, or Osler, nor to attempt a review of their works. But I wish to present the subject from the viewpoint of the country or village practitioner. I have purposely omitted the pathology which is easily obtained from any standard text book, and will briefly give the diagnosis and treatment which I have found to be the most satisfactory where we have no hospital facilities nor the services of an expert microscopist to confirm our diagnosis; basing my statement on the experience I have had with the disease during the few years I have been in practice.

The diagnosis of typhoid fever is not always an easy matter, owing to the fact that several of the chief characteristic symptoms are often absent. Often therefore, if our case is an isolated one, it is hard to determine at our first visit what we have to contend with and what to say to the anxious family who often expect us to be as able to tell them exactly what is the matter, as is the expert watchmaker when their timekeeper has suddenly ceased to perform its function.

Our textbooks tell us of a great number of symptoms, all of which are good, yet few, if any, can justly be called pathognomonic. The Widal reaction is, beyond a doubt, the most useful when this can be carried out, but unfortunately we are not all so situated that we can make use of it. We are therefore compelled to rely wholly upon the clinical features for our diagnosis. In this section of the country these are often associated with the symptoms of malaria, and it is sometimes difficult early in the disease to differentiate between the two diseases. Owing to the slow onset it is seldom that the physician sees a case of typhoid fever during the first few days of the disease, and often not till at the end of the first week.

When we find a patient with the following symptoms, languor, light but persistent, headache, constipation, scanty and high colored urine, epistaxis, anorexia, enlarged spleen a noticeable tremor of the tongue (which organ has red edges, is pointed and coated) gradually increasing fever with a muscular and nervous prostration generally out of proportion with the other symptoms, we can be reasonably sure that we have on hand a case of typhoid fever. The most reliable symptoms which I have found are gradual rise of temperature and the peculiar typhoid tongue. I have in several instances made the diagnosis on the strength of these two symptoms alone. The symptoms which I have found to be more uncertain are, anorexia, diarrhoea and tenderness and gurgling in the right iliac fossae on account of their presence in a number of other diseases; and epistaxis and the rose-colored eruption on account of their frequent absence.

The treatment of typhoid fever always possesses great interest for the physician, both because of the prevalence of the disease and of its high

mortality. Therefore from the earliest knowledge of this disease physicians have been looking for a specific or, in fact, anything by which they could shorten the attack and lessen the number of fatalities. While nothing like a specific has yet been found, modern investigation and intelligent experimentation have taught us to handle this disease in a manner to bring better results, make our patients more comfortable, and reflect credit upon ourselves when compared to the methods of treatment of only a few years ago. The prophylactic treatment has gained wonderfully in importance during the last few years. Our experience during the late war has impressed on our minds the importance which the fly bears in spreading the disease, when the excreta or any waste-matter are carelessly left exposed, and the severe epidemic at Ithaca, New York, has shown us how important is the subject of the drinking water. Intelligent nursing and the rigid enforcement of all the laws of hygiene are of great importance in this disease. As soon as the diagnosis is made the patient should be put to bed in a large, airy room where ventilation is as near perfect as possible to have it. The bedding and everything about the patient should be kept scrupulously clean by changing frequently (all the clothes should be boiled.) If the saying that "cleanliness is next to Godliness" can be applied in any instance it certainly holds true in a case of typhoid fever. The excreta should be disinfected promptly or, what is better in the country, should be buried and the vessels efficiently sterilized. Let us remember that our duty does not cease with the care of the patient, but that we also, to a certain extent, are responsible for the welfare of the immediate family and the general public. From our knowledge of bacteriology we are the ones to employ efficient measures to prevent the propagation of the disease. The diet should always be liquid and must be nutritious. And, as the digestive capacity is greatly lessened, it should be given in small quantities and at short intervals. While it is of great importance that the patient be well nourished, great care must be exercised not to overfeed. Milk, when it can be taken, is one of our best articles of diet. Home made extract of beef, butter milk, and home made ice cream as well as vegetable broths have proven useful to me. Give the patient plenty of water to drink throughout the disease.

The medicinal treatment is not intended to abort the disease, but is indicated to sustain the vital powers, diminish the intensity of the fever and arrest, if possible, any untoward symptoms or complications. In the beginning of this disease I have found it necessary in nearly every case to administer a laxative. For this purpose I have found nothing so good as a few doses of the mild chloride of mercury followed by a saline. The mild chloride is sometimes made use of later in the disease though salines are



used more frequently. On the question of intestinal antiseptics the profession is perhaps further divided now than ever before. I believe that the theory of intestinal antiseptics is rather far fetched as we dare not give any of them in sufficient quantities to do much good as an antiseptic. What I have found to be of more importance is to keep the alimentary canal thoroughly cleaned out. For this I use salines, preferably the granular effervescent sulphate of magnesium. While we cannot give antiseptics in sufficient quantities to destroy the bacilli, I believe they do reduce the amount of tympanites and perhaps have some effect on the intestinal ulceration. Of the large number of antiseptics recommended I prefer salol, and like to give with it small doses of quinine for its tonic effect. The sulphocarbolates are used some, but my experience with them has not been very satisfactory; they are also too irritating to the stomach. There have been, from time to time, put on the market newer preparations none of which seem to stand the test of experience and are lauded principally by the manufacturers. Of the new preparations acetozone, a product of P. D. & Co's, is highly recommended by some. Yet the use of this substance has been too limited to form definite conclusions as to its real clinical value. After the first week we must keep a constant watch of the heart. Stimulants and cardiac tonics should be made use of as soon as the slightest tendency to cardiac failure is shown. Of these strychnine is the sheet anchor, and can be used liberally. Some advocate the use of strychnine from the beginning. Another symptom which often demands attention is diarrhoea. When the stools become oftener than every five or six hours, I like to use large doses of bismuth, with or without opium as indications may demand. When the tongue is brown and dry, small doses of ol. terebinth is a good remedy to use.

One of the questions of great importance is that of antipyretics. We, who have received our medical degrees during the last few years have had instilled into us that high fever must be treated by baths. In fact we have gone forth fully intending to employ hydrotherapy in any case of typhoid fever that might chance to come our way. I concede that water is the best antipyretic, and that bathing as advocated by Brand in the method for reducing temperature, where this can be carried out, and were I engaged in a hospital practice, this is the method I should employ. But what are we to do with the patient out in the country, that we can see, at best, but once a day? If it is here that we must use internal antipyretics, for we seldom have the advantage of having even an experienced nurse to give the baths as we would order them given. Besides, we have to contend with the prejudice which exists among the laity against cold bathing. In such cases we must rely on internal antipyretics, the best of which is some member of the group of coal tar derivatives. I use either acetanilide or phenace-

tin, both of which are not only useful to allay the fever but are soothing to the nervous system and act well on the headache which is nearly always present. I have seen very little evil effect from either of these drugs when administered properly and associated with cardiac stimulants. Of course they must not be used promiscuously, and depressing doses must be avoided. As a substitute for the Brand bath I have employed spraying the patient all over with an ordinary hand atomizer. For this purpose I use a mixture of alcohol and water and keep up the spraying from fifteen to thirty minutes. This procedure is much superior to cold sponging for reducing temperature and is not objectionable to the patient as is the cold bath; nor is there any danger of collapse. It is also an excellent means for keeping the pores open and skin clean, something that should not be overlooked in treating this disease.

To sum up the treatment which I advocate is perfect cleanliness and the rigid enforcement of the laws of hygiene, close attention to elimination, general sustaining measures as good nourishment judiciously given, and such remedies as are necessary to meet indications and complications, as they arise, always bearing in mind that we are not treating typhoid fever but a patient with typhoid fever. When this line of treatment has been carefully carried out, I believe we have done our duty till science shall reveal to us an antitoxine to enrich our armamentarium with which to battle with this disease.

(EDITOR'S NOTE: Strychnine may be objected to because its action is so similar to that of the typhoid toxine. Camphor (12% neutral "solution" in oil, P. D. & Co.) is probably a better supporter for the vaso-motor system. The cold rub seems a good substitute for the Brand bath; and the rubbing of itself seems beneficial. Our author could be more definite in his dictary.)

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## TYPHOID FEVER.

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J. H. GREEN, M. D.,  
Galena, Kansas.

(From the Cherokee County Society).

An infection by the bacillus typhosus, most common between the ages of 15 and 25 years of age, No age is exempt from this disease. Prevails

especially during the autumn but it claims all seasons on its own. Incubation period from 8 to 23 days. Typhoid fever is caused by a specific micro-organism, generally known, from its discoverer, as the Eberth bacillus.

This bacterium finds its way with food or drink through the mouth and stomach into the small intestines, where it develops, produces specific lesion and elaborates chemical poisons which induce the symptoms characteristic of this disease. This bacillus locates in the walls of the intestines, in the mesenteric glands and spleen. Proper bacteriological examinations of the spleen, directly after death by culture will develop this bacterium in pure culture. This bacillus may and has been found in various tissues of the body, the lungs, liver, kidneys, bones, muscles and brain. Its lodgement in various parts of the body and long continued existence in these localities are accountable for many of the sequels of typhoid fever. In rapidly fatal cases it does not cause intestinal ulceration.

That the Eberth bacillus is the cause of typhoid fever no longer admits of doubt. It may be found in the spleen of every fatal case if proper culture is made. It produces a poisonous substance in culture media. The blood serum of typhoid patients has an agglutinating action on this bacterium. None of the lower animals are susceptible to this disease.

Is typhoid fever contagious? If contagious, what per cent of the cases are due to personal contact? During the Spanish American war, once this fever had made its appearance in a company or regiment, it was soon followed by other cases, and where tent infection was investigated, it was found that in a tent where one case occurred, more cases nearly always developed. Hospital attendants including the medical officers suffered to a greater per cent than the men in camps. At all the camps whose history I have investigated, near Washington, D. C., Chattanooga, Tenn., Knoxville, Tenn., and Camp Meade, Penn., the water supply was free from typhoid germs and could not be the cause of the infection. Many regiments brought one or more cases to the camps with them, and the sources of infection were followed by a regular increase of typhoid fever. Changing of camps to new locations was made as often as deemed necessary, but this was followed by little or no relief until none were left except immunes. Troops free from this infection, when placed in camp where the fever had prevailed, developed the disease in 8 to 23 days.

Intestinal disorders (diarrhea) appears to have some effect as a preventive of this infection, i.e., a greater per cent of men who had no preceding intestinal disease suffered from this infection than of those who had had diarrhoea, why this was true is not certainly known. Dr. Victor C. Vaughan, of Michigan, one of the commissioners sent from Washington to investigate this infection during the Spanish-American war, said recently when speaking on this subject, "I formerly held the view that 95 per cent.

of the typhoid fever was transmitted by drinking water, and as a teacher had instructed my classes for years; in fact the commission went to the various military camps impressed with the belief that the water supply was at fault; but the experiences and information collected by the commission led me radically to change my views. I believe now that the spread of the disease was largely by personal contact. From the observations made I reached the conclusion that under the conditions maintained in military camps, personal contract was responsible for the spread of the disease in about 66 per cent of the cases." These facts being true as to military camps, why may they not be true in civil life? Only a word as to a condition named typho-malarial fever by a one time surgeon-general of the U. S. Army and who lived to repent that he had made so great a mistake, and it is still in use to hide the ignorance of some of the medical profession. In only two cases examined by the commission sent to the camps by the surgeon general of the U. S. Army was a double infection found, and a few doses of quinine caused the disappearance of the malarial germ. In not a few cases of typhoid fever, chills, and sweats occur, but to the mind of the writer, these are due to a septic condition and not to malarial infection. As to diagnosis or rather the means of diagnosis, we have the same stereotyped set of symptoms that have been described and on which since typhoid fever was first given a specific name in 1829. Most of the profession rely on them yet. There are two other helps in diagnosis, viz: The the microscope and the Widal reaction. The first few of us possess, and fewer have the facilities for the Widal test. Of the original Widal test I have nothing to say, as it is impracticable in the absence of a laboratory and means of culture, with proper media. There is a modification of this test which if proven may be of use to the average practitioner. This is a microscopic Widal test. Dried blood or blood serum may be used in this test. The first step is to prepare or procure a solution of typhoid bacillus in sterile salt solution, with glycerine and carbolic acid. The procedure as follows: Viz: collect say one gram of blood in a small tube. After the blood has stood for one or two hours fill a small tube to one cubic centimeter with sterile salt solution. With a capillary pipette graduated in 1-100 of a cc., enough serum is drawn up to make with the salt solution the dilution required. The pipette with the contained serum inserted into the test tube and thoroughly washed out with the salt solution. From another dropper enough of the typhoid suspension is added to make 2 cc in the tube. Cover the mouth of the tube with non absorbent cotton, invert once or twice, and set in a dark place. Within  $\frac{1}{2}$  hour to 24 hours, if the reaction is positive, depending upon the dilution of the serum, used and its agglutinating powers, a marked granularity of the fluid in the tube will be noted. Following this will be seen distinct clumps beginning to



sink, and at the conclusion of the reaction, the fluid above will be limpid and free from clumps and the point of the test tube will contain a small, white, flocculent, mass of agglutinated bacilli. This is known as the Widal test as modified by Dr. Borden. For a full detailed statement see the Medical News for March 18, 1905.

Aloin is also a test for blood in typhoid fever and may be useful in detecting hemorrhages, before they would be detected by other means. The treatment of typhoid fever changes so frequently that we scarcely know when we have the last approved treatment. Cold baths or cold spongings with intestinal antiseptics hold the center of the field at this date. 30 years ago large doses of quinine was the treatment par excellence and the higher the temperature the larger the dose. Since that time veratrum viride, aconite, mountain sage, and a long list of other antipyretics have passed in review and to oblivion. But to my mind the most serious matter in the treatment of typhoid fever is over medication; in many cases to treat the friends and relatives more than the patient. You have no doubt found that the friends and relatives require more active treatment than the patient. Less medication, more food and more intelligent nursing will be followed by better results. But in many cases, unless you medicate enough to please the friends, you will be dismissed from the case, and after a time you will learn from some source that somebody, relative or friend, knew you "was not trying to break" the fever because you were not giving enough medicine, or as more likely expressed, "you was doin' nothin' to break it up." This is the place where bread pill or blank granules, white, one hour and pink the next come in play, with the injunction to punctuality in administering each color at exactly the right minute.

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## ELECTROLYTIC DISSOCIATION: ION ACTION OF CHEMICAL SALTS\*

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B. D. EASTMAN, M. D.

Professor of Materia Medica and Therapeutics, Kansas Medical  
College, Topeka, Kansas.

(A compilation and adaptation from several authors.)

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Since the time when the accepted theory of physics was confined to the idea of four elements, fire, air, earth, and water, the various depart-

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\*Read before the Shawnee County Medical Society.

ments of science have made wonderful progress. The conceptions of physical, chemical and electrical manifestations necessarily change to meet the requirements of new discoveries and demonstrations. The stamp of evolution is surely upon these changes and progressions. We cannot foretell the developments of the future but we should study and if possible comprehend the present.

A comparatively recent theory which throws light upon many abstruse facts and explains many phenomena heretofore inexplicable, is the theory of **Electrolytic Dissociation** propounded by the celebrated electro-chemist Arrhenius. According to this theory those salts which in solution conduct electricity, electrolytes, when dissolved are separated or dissociated, in part at least, into their component parts called ions and it is by means of these ions which are charged with positive or negative electricity that the solution is electrolytic. For example, pure sodium chloride does not conduct electricity, neither does distilled air—free water; but when sodium chloride is dissolved in distilled water the solution is electrolytic because of the sodium and chlorine ions.

It must not be supposed that the sodium and the chlorine exist as such, in the water. They are in some way combined, amalgamated or associated with positive and negative electricity and thereby become carriers of the electric current. The positively charged ions, going to the negative pole are called "Kations" and those charged with negative electricity and going to the positive pole are termed "anions." In an ordinary solution of sodium ions and chloride there are therefore, molecules of sodium chloride, sodium ions and chloride ions. The weaker the solution the more complete the dissociation up to a dilution representing a gram molecule in 1000 litres of water, when dissociation is complete.

Several liquids are dissociants, but water is the most powerful and most universal.

There are many reasons for adopting this theory of which I will mention only one. All solvents lower the freezing point of water equally, namely;  $1.89^{\circ}\text{C}$  for each gram molecule per litre. For instance, the molecular weight of sodium chloride is 58.4 hence 58.4 grams per liter will lower the freezing point  $1.89^{\circ}\text{C}$ . A solution of sodium chloride containing 0.584 grams per liter is one one hundredth the strength of the former and might be expected to depress the freezing point one one hundredth as much, namely  $0.0189^{\circ}\text{C}$ , but such a solution does actually depress it  $0.03^{\circ}\text{C}$ , almost twice its proportional amount. In other words it acts as if there were present nearly double its proportional numbers of molecules. Whence come these additional molecules? By the dissociation theory each ion acts like a molecule and the discrepancy is explained.

Chemically, it is the ions which are active. A simple experiment will show this. Dissolve pure hydrochloric acid in benzine and put a common nail therein, there will be no action. Dissolve pure hydrochloric acid in water, place a nail in the solution and violent chemic action follows. In the first instance benzine not having any dissociating power, there are no ions to act on the metal, in the second, some of the acid is dissociated, both H and Cl ions are present and are chemically active. .

It follows from this theory that dry electrolytes are in the molecular state and chemically inactive, ions alone being capable of entering into chemic combination.

Prof. Hopkins of Washington University says:

"It has been shown by the most careful and patient workers, that thoroughly dry ammonia gas and thoroughly dry hydrochloric acid do not react to form ammonium chloride, and may be separated after mixing in a thoroughly dry receiver. Perfectly dry sulphuric acid has been shown not to act upon perfectly dry metallic sodium. Dry hydrogen and dry chlorine may be mixed and exposed to sun light without explosion. Dry chlorine does not combine with dry metals, not excepting potassium and sodium. Dry acids will not form salts with dry bases. But allow the slightest trace of water vapor to enter the field in any of these cases and immediately action takes place."

What part does the water play? It is the dissociant or cause for the breaking down of the molecules into ions, thereby making chemical action possible.

The development of the theory of electrolytic dissociation introduces a new and very important factor in the therapeutics of Chemic salts and necessitates a reconstruction of our views upon this subject. Chemic salts may act in two ways; as salts and as ions. Salt action considered in a former paper is a physical phenomenon, osmosis, ion action to be considered in this paper, is a chemical action. Some salts, notably the non absorbable, have only salt action; but the soluble electrolytes have both salt and ion action, the relative proportion of the two depending upon the degree to which the solution is diluted. In general, medicinal solutions are not diluted to the extent of causing complete dissociation. Dissociation is practically complete when a gram molecule is dissolved in 1000 liters of water. In a one per cent solution of sodium chloride about one-fifth of the salt is molecular and four-fifths dissociated into ions. The Na-ions is charged with positive electricity, goes to the negative pole and is the Kation, the Cl ion is charged with negative electricity, goes to the positive pole and is the anion. At the moment of giving up its charge of electricity the ion becomes an atom but immediately forms a new combination. Ions are in constant motion and lose the connection which exists between the atoms in the solid state.

In blood serum the P ions are not combined with the K ions nor the

Cl ions with the Na ions but all four are present independently. It is therefore incorrect to speak of potassium phosphate or of sodium chloride in the blood. When a dilute solution of sodium hydrate is swallowed and neutralized by the gastric juice it is not sodium chloride and water which are formed. The sodium hydrate dissociates into Na and hydroxyl ions; the hydrochloric acid into H and Cl ions, the H and hydroxyl ions form water and Na and Cl ions remain in the ion state.

In discussing salt action it was shown that absorbable salts, no matter in what concentration administered, would be taken into the blood in isotonic concentration, which is in general somewhat stronger than the point at which electrolytes are completely dissociated. Hence there will be salt action, physical (osmosis) for the comparatively few molecules and ion action (chemic) for the many ions. While every salt proportionally to its dissociation will have both salt action and ion action, in many cases the ion action is so much the more powerful that the general salt action is entirely obscured. It makes no difference how or in what concentration strychnine sulphate is introduced into the system, the salt action is utterly insignificant and the ion action of the strychnine upon the nerve structures, especially of the spinal cord is the only one recognized.

In the large group of drugs and poisons classed by Sollmann (who follows Bucehheim) as the "muscle nerve group" that is all those poisons whose main action is not local but which being absorbed act upon the central nervous system, the peripheral nerves, the heart and vessels, glands, intestines and skeletal muscles and which includes the alkaloids, cyanides, ptomains, leucomains, toxalbumins, toxins, etc., most of them organic, the specific action is so strongly marked that none other is observed. On the other hand, in the case of milder ions, K, Cl, etc., the ion action may be overlooked. The ion action can not be demonstrated on living animals. If injected in hyperisotonic solution the salt action obscures, if given in weak solution the salts are excreted too rapidly to effect appreciable ion action. But the importance of the ion action, even of those ions formerly considered indifferent, as Na, is gradually being appreciated.

Salt action on body cells and ion action as well, barring local chemic action, can only occur when a soluble substance enters the blood by absorption. But certain soluble ions can not be absorbed, and the action of such must be entirely local. Why some ions are absorbable and others are not, can not be explained. An interesting observation points to some striking analogies between the absorption of ions by intestines and muscles and by soap, although the real bearing of these analogies is not comprehended.

If a frog's muscle be placed for 18 hours in isotonic solutions of different salts, it might be expected that the muscle would neither gain nor



lose in weight. But this is not the case. In sodium chloride the gain will be 7 per cent. In potassium chloride the gain will be 40-50 per cent. In calcium chloride the loss will be 25 per cent. In lithium chloride there will be no change. Equally inexplicable is the fact that soap behaves exactly like muscles to these solutions.

The cause of the rhythmic contraction of the heart has long been a matter of doubt and dispute. It is now believed to be the stimulation of the Kations, sodium, potassium, and calcium, the sodium ions being by far the most numerous but both the others in small quantities being essential. A frog's heart will beat a long time if placed in the blood serum of an herbivorous animal. If placed in an isotonic solution of a non dissociable compound as sugar or urea it quickly stops. In an isotonic solution of Na the beats continue longer and very much longer if small proportions of K and Ca salts be added, neither being efficient by itself.

Sea animals will live in sea water in which the normal amount of Na Cl has been doubled; but they die speedily in a solution of Na Cl in pure water isotonic with sea water; whereas they live if small proportions of K Cl and Ca Cl be added, one alone not sufficing. This demonstrates that the Cl ion is of little importance but that Na, K and Ca ions are all requisite to sustaining life.

In contradistinction to salt action which is physical, ion action is chemical. There is every reason to believe that in the protoplasm Na Cl exists as a sodium albuminate and albumin chlorid. Indeed the combination of iron in hemoglobin is a well known example of the altered state of an element in organic combination. Animals require proportionally a large amount of Na with small quantities of K and Ca. For land plants Na is not essential but K is absolutely necessary and can not be replaced by any other alkali metal. A consideration of these facts touching ion action on the heart and upon animal life opens a startling vista to the biological student, in that it suggests the very important, possible lifegiving, function of electricity. Two of the Kations essential to rhythmic contraction of the heart, K. and Na stand as the two most powerfully electrified of the Kations and the third Ca, is but slightly less powerful. Inasmuch as the ion is made up in part of electricity and those essential to animal life carry the heaviest charges of electricity, it is apparent that electricity is close to, if indeed, it be not in fact the vital principle itself.

The specific action of all electrolytic salts, is in all probability produced by the ions and not by the molecules, which as shown in a previous paper are responsible for salt action (osmosis).

It has been shown by competent observers that the bactericidal power of electrolytes is dependent upon the extent of dissociation and the number of ions present. Equimolecular solutions of mercury salts according to

their degree of electrolytic dissociation stand as follows:  $\text{Hg Cl}_2$ ,  $\text{Hg Br}_2$ ,  $\text{Hg (CNI)}_2$ ,  $\text{Hg I}_2$ ,  $\text{Hg Cy}_2$  and their bactericidal powers stand in the same order. Hence as bactericides, they depend upon the number of Hg ions in the solutions.  $\text{Hg Cl}_2$  contains the largest number and has the strongest germicidal action.  $\text{Hg Cy}_2$  is least dissociable, has the fewest Hg ions and is only one-fourth as efficient as the former, just the contrary to what might be supposed on account of toxicity of the cyanides.

The germicidal effects of the silver salts, in like manner depend upon the Ag ions. If  $\text{Hg Cl}_2$  or  $\text{Ag Na}_3$  be dissolved in absolute alcohol (or in other solvents which cause but slight dissociation and therefore develop but few ions) they have no effect on anthra spores. Dissolved in water they are powerfully toxic to these spores. With albumen, mercuric chloride forms a precipitate which readily dissolves in sodium this sulphate forming a complex salt devoid of toxic properties and unable to inhibit fermentation because it does not dissociate. But if administered to cold blooded animals it slowly decomposes and dissociable salts are formed which slowly poison the animal. If given to warm blooded animals the decomposition occurs so much more rapidly that the toxic effect is almost equal to the mercuric chloride itself.

The action of salts depending upon ions, the intensity varies with the rate of dissociation; e. g., chlorides and nitrates of heavy metals which dissociate readily are much more active locally than the sulphates and organic salts which dissociate less rapidly, provided all are equally soluble and have no special characteristics, as deliquescence. Certain organic compounds of silver (protargal, etc.) dissociate only as other compounds are slowly formed; hence are less irritating than salts of the strong acids. The irritation produced by subcutaneous injection of mercury salts is lessened in a similar manner.

The cacodylates differ from the arsenous salts because they do not liberate the arsenic ion until decomposed in the body and their action is therefore, more continuous and less irritating. Some new germicides, proteids or organic compounds, are less readily dissociated, hence less irritating, but less effective as germicides.

When two salts, having one ion in common, as mercuric chloride and sodium chloride are dissolved together, dissociation is considerably reduced, Such solutions will be less irritating and less germicidal than solutions of a single salt but for hypodermic injection as in syphilis, such double solution is preferable. Dissociation explains why such bodies as ferro-cyanides have the effects neither of iron nor cyanogen, for neither iron nor cyanogen ions are formed in solution.

In the use of iodine salts for certain therapeutical purposes, any salt can be used with the same iodine effect, provided the number of I ions be

the same. But the effect of the Kations must be reckoned with; potassium ions are directly poisonous to muscles, nerves and protoplasm and potassium salts therefore more depressing than sodium. The strontium salt is least irritating because it must be decomposed in the stomach, the iodine ions are slowly developed and therefore this salt is less efficient.

If a muscle be immersed from one to three minutes in a weak solution of certain electrolytes, it is not affected during immersion but upon being withdrawn into air,  $\text{CO}_2$ , oil, sugar solution, etc., it contracts powerfully. If the nerve connected with the muscle be itself alone put into one of these solutions (without immersing the muscle) the muscle begins to twitch in about five minutes and finally goes into tetanus. If the nerve be taken out of the solution contractions cease, showing that the solution causes an increase of irritability of the nerve. This fact, that certain ions are capable of bringing about forms of irritability in nerves and muscles which do not exist normally, may perhaps furnish the explanation of a number of morbid phenomena (neuroses, hysteria) in which the motor and sensory reactions of the patient are modified.

It appears to be well substantiated that it is the ion which is effective chemically, electrically and biologically and that the germicidal action of electrolytes is also due to the ions. Analogy indicates that the therapeutic effect of electrolytes is dependent upon the ions. It is however impossible to demonstrate such action upon living subjects and we must be content for the present, at least, with the theory of ion action. This conclusion does not destroy all the empirical and clinical knowledge which has been gained in the therapeutic use of such salts, but it better explains the manner in which such action is brought about, than any other theory which has been advanced. Time does not admit of applying this theory to a consideration of the details of the action of different ions and this general discussion must suffice. To students of both physical and vital phenomena this theory is wonderfully attractive and satisfactory, and we may expect that in the future it will be better understood and more clearly demonstrated.

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## SOCIETY NEWS

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The Crawford County society met February 5, at the offices of Drs. Williams, Blair and Caffey, with the following members present: Drs. Graves, Bogle, Munson, McLaren, Caffey, Steele, Tinder, of Englevalle,

McDonald, Dickinson, Blair, Harper and Wm. Williams. There is nothing which will keep the profession so up-to-date in methods of diagnosis and treatment of diseases, and which will bring the doctors so in touch with each other, as meeting occasionally and discussing methods and treatment of the various prevailing diseases in our midst. The following papers were presented: "Pneumonia," by Dr. H. H. Bogle. "Diphtheria," by Dr. Wm. Williams. The discussions following each paper were both interesting and instructive and each member went away feeling that a very profitable evening had been spent. It was decided to give each of the doctors in turn an opportunity to entertain the society, and the March meeting will be at the offices of Drs. Bogle, Dickinson & Stelle. Dr. R. C. Graves, president of the society, presided.

F. A. HARPER, Secretary.

**Norton and Decatur Counties** met at Jennings, March 6 with the following program. Informal reception; "Parenchymatous nephritis, diagnosis and treatment," C. G. Brethouwer, M. D.; Discussion, C. W. Cole, M. D. "Pneumonia," C. S. Kenney, M. D.; Discussion, R. H. Smith, M. D. Round table discussion. General Clinic.

C. S. Kenney, Secretary.

C. W. COLE, President.

**Western Kansas**—On January 10th, 1906, the Western Kansas (County) Medical Society was organized at Colby, Kansas, with the following members and officers. President Dr. V. C. Eddy, Colby; Vice President, Dr. D. R. Storer, Gunter; Secretary, Dr. F. A. Carmichael, Goodland; Treasurer, Dr. C. M. Miller, Oakley. Board of Censors: Dr. Wm. Beaver, Colby; Dr. W. J. Lewis, Gem; Dr. C. S. Morsh, Menlo. Delegates not elected. Members: Dr. Eddy, Dr. Beaver, Colby; Dr. H. A. Strong, Winona; Dr. C. S. Marsh, Menlo; Dr. R. D. Stoner, Quinter; Dr. W. J. Lewis, Gem; Dr. F. H. Smith, Dr. F. A. Carmichael, Dr. A. C. Gulick, Goodland; Dr. C. M. Miller, Oakley. A banquet was given the meeting physicians at the Opelt hotel after which an interesting program was rendered. The organization includes Sheridan, Thomas, Gove, Logan, Wallace, and Sherman counties, and expects a membership of about 25. Meetings are quarterly.

F. A. CARMICHAEL, Secretary.

**Clay County** program for March 14, 1906, promptly at eight o'clock p. m. Nervous Disease, "Neurasthenia," Dr. Walter M. Droll, Barnes. Surgery, "Non-Strangulated Inguinal Hernia with the Modern Radical treatment of this condition," Major Surgeon J. M. Danister, Fort Riley. Internal Medicine, "Are we making any progress in the advancement of Internal medicine." Dr. R. A. Stewart, Idana. Discussions by the doctors present. Refreshments. The wives are always welcome.

DR. T. E. SCHWARZ.



**Shawnee County**—I wish to make a report for the Journal in regard to what our Shawnee county medical society has been doing. The annual banquet and election of officers was held at the National hotel, Topeka, February 5, 1906, and the following officers elected: O. P. Davis, president; W. C. McDonough, vice president; J. P. Lewis, treasurer; Corban E. Judd, secretary.

March 5, 1906, the society held its regular monthly meeting with the following program. "Blood Examinations," S. A. Hammel, M. D.; Discussion opened by Sara Greenfield, M. D. Reports and presentation of cases. Recurrent carcinoma of breast, treated by X-ray; epithelioma of the cheek treated by X-ray. These last two cases were to be treated by me but inclement weather made it impossible for the parties to be present. The committee on program, O. P. Davis, W. C. McDonough, and Corban E. Judd have decided to issue small folders containing the names of the members of the society and the program for the entire year. I have delayed making this report hoping to be able to send you the year's program at the same time, but I find it impossible to get it completed for a week or ten days so will mail you one as soon as possible. You will see by our program that each month we are going to try to increase the interest in our meeting by having interesting cases presented for examination and discussion.

We found some irregularity in our affiliation with the state society so the following committee was appointed to report on the constitution and by-laws and suggest any desired amendment: Drs. Wehe, Alkire and Judd. At the April meeting we will legally adopt the constitution and by-laws and apply for a charter. We shall also change our annual meeting to December instead of our regular time in February to comply with the new constitution and by laws. After this I will see that you get a regular monthly report. At our March meeting Drs. Alkire, Davis and Judd were appointed a committee to institute a modern system of bookkeeping by the card system for our secretary.

You should be congratulated for issuing such a fine Journal. The last one seems better than ever.

CORBAN E. JUDD, Secretary.

**Southeast Kansas Society.**—was called to order by the president, Dr. M. F. Jarrett at Fort Scott, March 6, 1906. Dr. Clark of Laeygne read a paper on drugs as a physician's reliance; Dr. A. J. Roberts of Fort Scott, one of Dietetics; Dr. Burnett of Kansas City one on Pathology and his own method of treating morphine addiction; Dr. Walthall of Paola, one on the rational treatment of pneumonia; Dr. Pearse then presented his views and his reasons for believing that there is no medical treatment for

appendicitis. At the evening session Dr. Payne of Fort Scott discussed Tuberculosis; Dr. Caffey of Pittsburg, read a paper on Should physicians prescribe patent medicines? On this last point there was some difference of opinions brought out by the discussion. Dr. Fleming presented a case of Transposition of the thoracic viscera.

The following resolutions were presented and adopted: 1. Resolved, that we, the members of the second district branch of the Kansas Medical Society, indorse the crusade which the American Medical Association is making against the nostrum evil through the JOURNAL and the Council on Pharmacy and Chemistry which has been formed for the purpose of investigating and reporting on the non-official preparations. 2. Resolved, that we applaud the good work already done by Collier's Weekly and the Ladies Home Journal by educating their readers in regard to the real patent medicine fraud, and for excluding from their advertising pages all objectionable matter. 3. Resolved, that we assist in this crusade by refraining from the use of these secret preparations whose compositions and limitations are unknown to us.

It was decided to continue the present organization and the officers for the coming year were elected as follows: President, Dr. E. E. Liggett, Oswego; vice president, Dr. E. B. Cummings, Bronson; secretary, Dr. A. J. Roberts, Fort Scott; treasurer, Dr. Jewell, Moran. The next meeting was appointed for Pittsburg in September.

**Rice County Society** met in joint session with Barton county February 15 at Sterling, Rice county, at 11 o'clock. The Rice county fraternity held a short business session in which a letter from Dr. Clark of Wichita was read asking some of the Rice county doctors to read papers before the South Kansas society. Dr. Staats of Bushton, Dr. C. E. Fisher of Lyons and Dr. P. P. Truehart of Sterling were selected. Business adjourned for dinner at Hotel Jennings. After dinner met in joint session with Dr. Spears of Barton county in the chair. Dr. Koch of Horsington being absent Dr. Morrison of Great Bend read his paper on pneumonia and its complications. Dr. P. P. Truehart of Sterling read a paper on Intestinal Obstruction. Both papers were pronounced by all as among the best papers ever read before either society and brought out quite lengthy discussions. Dr. Tiffany of Kansas City was present and gave a demonstration on comparative histology of the eye and also showed a very interesting case. Those present from Barton county were R. H. Meade, E. E. Morrison, O. P. McPherson, Ed. Atkins, Spears, from Hutchinson, H. C. Welsh; Wichita, D. W. Basham; Salina, W. H. Harvey; Larned, E. E. Koour; Raymond, Bressler; Sterling, Drs. Van Patten and Gray. Those present from Rice county were E. C. Fisher, L. E. Vermillion, P. P. True-

hart, C. E. Fisher, Curry M. Truehart, A. E. Bodenhamer; from Wallace county, Drs. Koons, Staats, Ross, J. S. McBride, C. J. Forney, This was pronounced by all a day well spent.

C. J. FORNEY, Secretary.

**The Douglas County Medical Society** met in regular session in the Court house, Lawrence, Kansas, February 6th, 1906. Members present, Drs. Naismith, H. T. and G. W. Jones, Clark, Phillips, Simmons, Sudler, Chambers, Harvey and Blair. Associate members, Profs. Sayre, Barber, McClung, and Emerson. Visitors, Dr. Laslett and Kenner. Drs. Gifford, Sudler, Anderson and Carl Phillips were elected to membership. Prof. Herbert Emerson of the Kansas University then read a very interesting paper on "Ferments" which was discussed by Prof. Sayre and others. Dr. Charles J. Simmons gave a short talk presenting Vaughan's theory of immunity. Dr. George A. Hamman, who had been assigned Ehrlick's side chain theory, not being present, Prof. Barber very kindly consented to take his place, and in a very pleasing manner illustrated his talk on black board. Dr. E. D. F. Phillips then entertained us on the subject of "Bile," which among other things, brought a discussion of gaslltones. Our president, Dr. James Naismith "made good" in keeping close to the program and using all the time profitably, and all went away feeling that it "was good to have been there."

E. J. BLAIR, Secretary.

(The above was received too late for last issue.)

The Douglas county Medical Society held its regular meeting in the Court house, Lawrence, Kansas, Tuesday, evening, March 6th, 1906. Members present, Emley, Clark, Naismith, Chambers, G. W. Jones, Sudler, Bailey, McClung, Sayre, and Blair. Dr. A. W. Clark reported a case of case of Cerebro-spinal-meningitis, as the result of disease of this middle ear; the case was given over to Christian Science Healers, death was the result. Prof. McClung discussed the paper (which was to have been read) on "Maternal Impressions;" the Professor seemed to think that this subject would admit of a very great amount of thought and research work before much could be said in its favor. Dr. Chambers discussed the paper (which we did not have) on Echinacea; it was thought by the doctor to have some merits, and should have a place with Hydrogen Peroxide and like preparations. Prof. Sayre had given this drug some attention and with Dr. Chambers was of the opinion that it has some merits. Kansas seems to be the home of this plant, tons of it being gathered each year from her plains.

Dr. Crumbine of Topeka, was present, representing the State Board

of Health, and joined in the several discussions, also gave an account of some of the trials with which the Board had to deal; education and more legislation, was in his opinion, necessary, giving the Board of Health more power, before great results could be expected.

The "Pure Food Bill" now pending passage in Congress was taken up and discussed, Profs. Bailey and Sayre gave the results of some very interesting investigations made by them along this line. Prof. Sayre said, "It is not so much from the 'Nostrums' although they are bad enough, but from self medication, that we should pray to be relieved" it is in this that an heinous crime is committed. Our society is very fortunate in having a large associate membership, largely members of the faculty of the Kansas university, who give a large part of their time to original research work, and are not at all backward in responding when we request their services, The busy practitioner has but little time to give to this kind of work. Prof. Barber has kindly consented to entertain us at our next meeting and has taken for his subject, "The Distribution of Typhoid Fever in Lawrence." This can not fail to be of special interest to the members of our society, as Prof. Barber is eminently fitted to handle this subject, being a bacteriologist of recognized ability.

Our president, Dr. Naismith, appointed Drs. Emley, Chambers and Bailey, to prepare resolutions on Senate Bill No. 88, called the Hepburn Pure Food Bill, the following report by this committee was unanimously adopted, viz: "Resolved that it be the sense of the Douglas County, Kansas, Medical Society, (whose membership includes the Medical and Chemistry faculties of the University of Kansas) that the U. S. Senate bill No. 88, being the Hepburn Pure Food bill, should become a law, that the Secretary communicate our wishes in this matter, to the congressmen from Kansas, requesting their favorable consideration and support."

E. J. BLAIR, Secretary.

**South Kansas Society**—The program committee of the South Kansas Medical Society is planning the largest and best program in the history of the society. The meeting is to be held in Wichita April 17-18. There will be surgical clinics during the forenoon of April 17 and Dr. Jos. Miller of Chicago will give a medical clinic during the session. The following papers have already been promised: 1. Rupture of Bladder, Dr. F. A. Besley, Chicago; 2, Hepato-ptosis, Dr. J. F. Binnie, Kansas City; 3, Caesarian Section, Dr. H. C. Crowell, Kansas City; 4, Retro-deviation of Uterus, Dr. A. E. Hertzler, Halstead; 5, Gall stones, Dr. S. S. Haury, Newton; 6, Diagnosis of conditions calling for Nephrotomy and Nephrectomy, Dr. J. Block, Kansas City; 7, Spina bifida, Dr. L. P. Warren, Clearwater; 8, Intestinal Obstruction, D. P. P. Truehart, Sterling; 9, Diphtheria, Dr. Staats, Bush-



ton; 10, A Plea for a higher degree of fraternal practice among physicians, Dr. F. T. Johnson, Cottonwood Falls; 11, Acute Osteomyelitis, Dr. C. E. Fisher, Lyons; 12, Paper, Dr. Virgil Beavers, Hutchinson; 13, Significance of Blood Examinations to General Practitioner and Surgeon: Symposium, (a) Secondary anaemias, Dr. T. B. Lyons, Wichita; (b) Pernicious anaemia Dr. E. S. Hymer, Wichita; (c) Leukaemia, Dr. Hutchinson, Wichita; (d) Significance of Leucocytosis, Dr. D. I. Maggård. Other papers have been promised, the titles of which have not yet been sent in. The full program will be printed and mailed about April 1st.

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### CORRESPONDENCE.

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Wichita, Kansas, March 16, 1906.

**To the Editor:**—Enclosed find letter from Henry O. Marcy. Kindly publish same, also in addition mention the following:

The above letter is worthy of consideration by the profession of the State of Kansas, and I wish the members of the House of Delegates, would consider the matter that when the subject is taken up at the annual meeting they will be prepared to act promptly. I have thought it wise for each county society to contribute as they may see fit and be prepared to make the donation at the annual meeting, in this way a small contribution from each member will make a good showing for the proposed contributions of the State in general. I especially ask the Presidents of the several County Societies to bring this matter before their societies before the annual meeting convenes, and each County Society will be asked to report the amount collected for above purpose.

Faternally,

CHAS. E. BOWERS.

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**My Dear Dr. Bowers**—You have been appointed co-associate with me as representative of your state to solicit funds for a proper memorial to the late Dr. N. S. Davis, of Chicago, as the founder of the American Medical Association. We do not require a large sum of money, but would much rather secure a small contribution from the many who loved him and will consider it a privilege to thus honor him. Five hundred dollars from a like number of your medical association members would be appreciated

more than twice the sum from a single individual. If voted from the fund of the state society would it not more equally represent all them embership?

Yours sincerely,

HENRY O. MARCY, Chairman.

Boston, Mass., March 9, 1906.

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To the Editor—Would it not be interesting and profitable to secure a report of the fees and salaries paid by Kansas railways to their surgeons? It might develop a cause for united action. Could we not have a report at Topeka from some one in Kansas City who is familiar with the facts?

Fraternally yours,

W. H. GRAVES.

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To the Editor—Dr. Cludas has suggested that the Kansas Medical society secure a paid organizer, or at least secure the services of an efficient executive who could do all this work which only a most self-sacrificing councillor can afford to do, I think the suggestion a good one and wish that you would push it in the JOURNAL. Medical men are too busy, or cannot afford, to devote the time required to organize and create the interest necessary to make medical organization a success. If the doctors of Kansas are to enjoy the results of medical organization, much active and conscientious work will have to be done.

Yours truly,

H. L. ALKIRE.

(EDITOR'S NOTE: Dr. Alkire's letter shows what honor we ought to give the men who have given their time, money, and strength to organizing the profession. Think of Shelley and Reynolds, and our present councillors! The list of county societies on another page should also be consulted—it shows "who's who.")

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## A CASE REPORT ON PATENT MEDICINE POISONING.

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Holland, Kans., March 5, 1906.

To the Editor—I have read with interest the different articles reported in the Journal of the American Medical Association about the use of patent medicines. Now I have been unfortunate enough to get some experience in that line, of which I will give you a report.

First Case. Female, 2 years, 2 months, family history good, parents farmers, second child, one born since, six months old. Both are healthy children. Patient had never been sick since it was 2 or 3 weeks old, when as they say it had one or two convulsions, from what cause I am unable to say. On Friday, February 16, 1906, the family went to a public sale 20 miles from home. They stayed all night with her mother near my place and started home Saturday morning. After going a few miles Viola had a convulsion. They came to my office. I found pupils somewhat contracted, abdomen distended. Used Enemata with good results and the child seemed all right. She slept till about 2:30 p. m. when her bowels moved. She

seemed all right until 5:30 p. m. when without any warning she went into convulsions. I had prescribed calomel 1-10 grain every  $\frac{1}{2}$  hour till 10 were given to be followed with oil. I was called again at 8:30 p. m. and found her in convulsions from which she never recovered. At 10 p. m. the night before she had got the cough medicine, (Foley's Honey and Tar) and taken some, they did not know how much; but there was not much in the bottle when she got it,  $\frac{1}{2}$  inch or a little more. A council was called and restoratives used, with no result. She died at 2:30 a. m. the 18th. I asked for a post mortem examination but was refused.

Case 2—Lawrence, 3 month old, family history good, first child. On Saturday, February 23, the mother said the baby had a cold. On Sunday morning early they gave him three drops of Foley's Honey and Tar. At 7 a. m. he went to sleep and slept all day. During the day, they said they gave him 4 doses of this medicine. He did not cry or nurse. At 12 o'clock I was called and found the child completely anaesthetised. Pupils contracted to pin-point, without reflex. I used restoratives. Child recovered without any serious results. They had never given it anything else than 3 drops of kerosene at 4 p. m.

What is it? I would like to hear from you if you feel so disposed.

G. E. WHITE.

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## NEWS AND NOTES

**Our Packing Houses.**—"The Great American Beef Trust, which seems to have defied for many years the Government of the United States, and its unwholesome practices have been dealt with by our Special Sanitary Commissioner. In the course of four lengthy articles published at the commencement of the year, a description of the Chicago stock-yards was given, together with a production of numerous photographs which testified to the accuracy of the assertions made. This was an indictment which concerns the whole civilized world, for the tinned meats, the smoked bacon, and the other provisions are exported from Chicago to all countries. Yet, this, the largest business of its sort that exists in the world, has been allowed to grow up under conditions of the wildest anarchy, as there is simply no law to control the annual slaughtering of millions of animals. though these animals are killed to supply human beings with food, there is no law to compel those who kill them first to construct a suitable slaughtering house in which to kill them. The killing is done anywhere, even on

the upper floors of huge buidlings which possess none of the requirements of a slaughterhouse. So far back as 1836, the municipality of Brussels built its own slaughterhouse and since, as well as before, that date a great number of laws and by laws have established in most civilized countries the manner in which a slaughterhouse must be constructed. Indeed, the planning of an abattoir or slaughterhouse, has become in itself quite a technical matter. All this, however, is absolutely ignored at Chicago. Animals are killed and the meat is prepared in places where natural light never penetrates, where artificial light has to be employed in the middle of the day, where there are defective closets within a few feet of the food, and where the tank for receiving diseased and condemned carcasses is also equally close at hand. Here on rafters and in nooks and corners, dirt and moisture accumulate and can never be properly disinfected. In these dark places the meat falls to the floor and comes in contact with the dirt from the boots of the workers and the bacilli from the sputum of a population among whom pulmonary tuberculosis is more prevalent than among other sections of the inhabitants of Chicago.

According to the law of any country where legislation with regard to abattoirs has been enacted, the slaughtering of animals in the stockyards of Chicago as at present practiced could at once be stopped. The state of Illinois has only to copy any existing law on the subject so as to put an end to the danger and scandal. At the same time there is ample vacant space close to the railway lines and canals on which to build a gigantic collection of modern slaughterhouses, with quarantine station, bacteriological laboratories, decent stabling, cattle market, and, in fact, all that is necessary according to the latest requirements of sanitary science. The city of Chicago should at once erect public abattoirs on these lines and then should enact a law forbidding all private slaughtering.

The packers, the Beef Trust, would thus be compelled to slaughter under humane and sanitary conditions and the charge per head for animals killed in the municipal abattoir would bring into the coffers of the city of Chicago at least \$1,000,000 per annum—a revenue that would more than suffice to defray the cost of building the public abattoirs. The states of Europe, instead, of having, as at present, to enact special laws against importation from the city of Chicago, might then trade freely with that great emporium.

In order that the trade in pork between Chicago and Europe should not be altogether stopped, the Government of the United States itself had to interfere. Inspectors were appointed by the central authorities at Washington to examine the carcasses of the pigs killed at Chicago and they are not now exported to Germany, Austria, France or Denmark unless accompanied by a certificate issued, not by any local authority, but by the Gov-



ernment of the United States itself. Formerly 3 per cent of the pigs killed at Chicago were found to be infected by trichinae. Now that at least some of these carcasses are microscopically examined the rearers and farmers take greater care, so that the average number of cases has fallen to 1½ percent. The appalling fact is that only the pigs supplying meat to be exported to the nations mentioned above, are microscopically examined. The meat which is exported to Great Britain is not so examined, neither is that which is consumed within the United States. Thus when we buy American bacon in this country, we know that on an average of 1½ per cent of it is contaminated with trichinae. Why the British and the Americans themselves should be content to eat such dangerously infected meat, while the Germans, the Austrians, the French, and the Danes, will have none of it, is one of the anomalies that passes all understanding. Why are not all the carcasses examined microscopically and those infected destroyed whether they are intended for home or foreign consumption.

In America the sanitary aspect of the case has not been considered as much as its economic aspect, though the latter has also its bearing on the public health. The fact that the meat supply of the entire country is almost a monopoly has stirred the Government to action and a variety of legal proceedings have been taken by the authorities against the Beef trust. As the latter is now beginning to control the price of bread as well as of meat, the food supply of the nation is seriously menaced. In these columns we have pointed out that what laws against trusts and combines may fail to accomplish might be achieved by rational sanitary legislation. We have urged that at Chicago there should be a proper bacteriological laboratory with ample window space on both sides as at Berlin; that there should be convenient and safe arrangements for the railway traffic, the landing of cattle, and the systematic disinfection of cattle vans as at the Prussian State railway station of the Berlin municipal slaughter-house; and that there should be large destruction of diseased animals, in which the carcass of a bull or a horse can be placed and reduced into an inoffensive powder, such as exists for the municipal slaughter-house of Hamburg, situated far away from the preparation of the fresh and wholesome meat. Further, we pointed out that there should be stables, with model pavement, light, warmth and ventilation, and drainage such as exists at Anderlicht near Brussels, and model rules for the conveyance of inspected, stamped and efficiently controlled meat to the retail shops as Brussels. Nor were these suggested as mere hygienic ideals but as measures that have been realized in practice and in each case in was stated where they might be seen in working order. All these things, however, are ignored at Chicago, and a startling proof of this ignorance was given in London during the summer. A chemists' exhibition was held at Convent Garden Theatre and here the agents

of one of the Chicago packers exhibited over their stall a gigantic photograph of the Chicago stock yards. Thus every visitor to the exhibition could see for himself that there are no proper slaughter-houses at the Chicago stockyards. Such buildings as exist and were shown in the photograph would be condemned under any existing law defining what a slaughter-house should be. As we observed at the time, the display of such a photograph in London, where there are at least a few persons who know something about the subject, is a proof of cynical indifference to the opinion of all who are capable of judging these questions. There are, however, signs of improvement. Dr. Charles G. Whalen, the new commissioner of health of the city of Chicago, has determined to protect the city itself from the stockyards. He has appointed six new inspectors to examine all meat which is intended for sale to the inhabitants of the city. The results is that since August 7th to December 1st of this year 2,391,719 pounds of meat and fish and 389,378, pounds of fruit and vegetables have been seized and destroyed. Thus it is estimated that the housewives of Chicago have been prevented from spending \$47,722 in the purchase of food "the consumption of which" says the commissioner of health, "would have injured health and spread tuberculosis, trichiniasis, and other diseases." The principal causes of the condemnation of meat were in 85 per cent cases of tuberculosis, in 12 per cent actinomycosis or "lumpy jaw" and in 4 per cent hog cholera. All this is very satisfactory so far as the Chicago consumers are concerned, but what about the other consumers? In any case these enormous seizures of diseased carcasses clearly indicate the urgent need of really effective regulation and control over the whole of the Chicago stock yards and the packing-town business."—The London Lancet for Dec. 30, 1905.

**The New York Polyclinic Hospital** issues an appeal for support, showing that in the last two years it has paid off a debt of \$57,000 and is deserving of financial assistance. New York City is burdened with a lot of hospitals which have splendid equipment, but no endowment. The citizens of that city should the more appreciate an institution which is showing such a favorable record as Dr. Chetwood has presented in the Polyclinic.

**The Salina Hospital** has issued its first annual report. We would greet it with a "Banzai." It has treated 91 private and 7 charity patients during the year—showing a total of 1508 days of treatment. The report is an attractive brochure of 16 pages and cover. The officers are Dr. N. D. Tobey, president; Dr. W. H. Winterbotham, vice president; Dr. Howard N. Moses, secretary; and Dr. J. H. Winterbotham, treasurer. The directors are N. D. Tobey, W. S. Harvey, J. R. Crawford, A. G. Anderson, A. R. Tuttle. We wish it and its kindred hospitals success.

**Man and His Poisons**—A practical exposition of the causes, symptoms and treatment of self-poisoning, by Albert Abrams, A. M., M. D. (Heidelberg,) F. R. M. S., San Francisco, Cal. Illustrated by 17 plates and cuts. 8 vo. Pp 250. New York. E. B. Treat & Co., 241-243 West 23rd street, 1906, Price \$1.50.

If he does nothing else Dr. Abrams stimulates his readers to thought. In his first chapter he brings us practically to the standpoint of the pantheist who believes that all is mind and that nothing matters. His book is chiefly a forensic on the matter of intestinal and similar auto-intoxications. It is readable and worth the reading. We need such a stirring up now and then to show us that all is not comprehended in the philosophy of our regular text books.

**The World's Anatomists** by G. W. H. Kemper, M. D., Professor of the History of Medicine in the Medical College of Indiana, Indianapolis. Revised and enlarged from the original serial publication in **The Medical Book News**. Eleven illustrations, nine of which are portraits. P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia. 1915. Small, 16 mo., paper, pp 79.

This is nothing more than a catalog arranged alphabetically of the various men listed. Such a work involves an immense amount of research. Hence we are not surprised to find this work very superficial and replete with errors. Thus Kuehne of Heidelberg is spoken of as a physician, when he was a Ph. D. If now someone would take Dr. Kemper's work and put in the really interesting data regarding each life, we would have a very satisfactory reference book.

**The Ophthalmoscope and How to Use It** by James Thorington, A. M., M. D., Professor of diseases of the eye in the Philadelphia Polyclinic. 73 illustrations; 12 colored plates. Cloth, 12 mo. pp 298. Philadelphia. P. Blakiston's Son & Co., 1906. Price \$1.50.

This book seems to us worthy of hearty commendation to the general practitioner who would not hand over the simplest ophthalmoscopic examinations to the specialist. It is clearly and simply written, evidently after long acquaintance with the needs of practitioners taking postgraduate courses. The giving of a few plates showing the more important conditions of the retina are a valuable addition. To us it is evident that the general practitioner must pay more attention to such matters as the eye, or else fail to meet the demands of the times. For we need the evidence to be obtained from a study of the special senses quite often and a large proportion of these patients can or will not go to another man to help us

out with our diagnosis. The specialist is to take care of the hard cases.—the general practitioner has no right to send his patients to expensive specialists for slight ailments which he himself ought to be able to care for. Such books as this of Thorington's will help the family physician to meet his obligations successfully.

**State Journal.**—The present is an exceedingly interesting period in medical development in this country. The last three or four generations of the last century saw the growth of many medical schools and the output of many physicians. It is safe to say that over half the "schools" were quite unnecessary and as large a proportion of their output were so poorly educated to as to have little if any real claim to the title of doctor of medicine. There was nothing to prevent the "diploma mill" from flourishing and nothing to require adherence to any standard on the part of any medical school. A few years ago it was estimated that about half the physicians in this country made no effort to keep up with medical progress by reading current medical literature. But all this is changing. With the advent of the medical practice laws requiring an examination, came a fatal illness to "diploma mills" and private medical schools which did not or could not give a satisfactory medical education. The privately owned and "published for profits" medical journal and the nostrum maker appeal not to the intelligent but to the ignorant, and they too are afflicted with the same illness which is causing the timely death of the "diploma mill." All over the country, medical organizations are awaking to the fact that it is highly desirable to own and control their own medical publications, and thus have a medium for intercommunication and for publishing the truth. Who, for instance, would look to the **New York Medical Journal** with its expressed leaning toward the nostrum maker, or the **Medical Record** with quite as acute a leaning in the same direction, and a dignity which will not permit its editorial pages to know that its advertising pages exist; who would expect either of these journals to discuss in plain words and with unbiased judgment, the evils of the nostrum business as they effect the medical profession? Who would expect any of the small, privately owned "medical" journals throughout the country, many of them owned and edited by ignorant men and intended to be read by other and quite as ignorant subscribers, to print the truth about the frauds and worthless nostrums which subsidize them? Thus the state journals have come to stay. The day of the uneducated physician is gone, and the day of nostrum-supported and "published-for-profit" medical journals is almost at its end. Some farsighted advertisers have recognized this fact and are securing preferred space in state journals on long term contracts; others will presently awake to the fact that the combined circulation of the state



journals offers unquestionably the very best advertising medium and that the expenditures of additional money is merely waste, unless it is "hush" money."—(Dr. Jones in the California State Journal.

**Nerve Sanatoria**—Dr. Burnett is increasing the capacity of his private home by building an addition on the south. Dr. Glasscock is putting on a great addition to Grandview Sanatorium; and Dr. Punton is working out plans for a greater capacity in his hospital. Dr. Lindsay is conducting a successful pavilion in Topeka. The Battle Creek Sanitarium people have established a branch in Wichita. This speaks either for an increase in nervous troubles, or else a growing ability to indulge in sanitarium treatment. Whichever it is, we physicians should give greater attention to these troubles. Dr. Burnett, has, for instance, some \$40,000.00 tied up in his institution and he has spent years in study and observation in preparing for his work. All of which goes to show that the demand of far greater excellence in our profession and that he is indeed foolish who seeks short cuts or cheap tools,—either for himself or his consultants.

**Price of Phenacetin (Acetphenetidinum) to be Reduced**—The patent on phenacetin expires on March 27, and after that date it will be sold at 33 cents in ounce lots. If bought or purchased under the pharmacopaeic name—acetphenetidinum—the price will be \$1.15 a pound or 7 cents an ounce.—Journal A. M. A.

### Why not also in Kansas?

"We do not wish to appear visionary or be chargeable with building castles in the air, but we believe that the time is ripe for the Arkansas Medical Society to take up the question of establishing a home for the State Medical Society of Arkansas, I mean by a home, a building five or six stories high suitable for renting out as offices to the medical profession of Little Rock, utilizing the ground floor for store purposes, to contain a room sufficiently large to accommodate lecturers and take care of State and other medical society meetings that might convene in this city. We do not believe that the physicians of Pulaski County are willing to undertake such an enterprise, and while it would be a good thing for the profession in Little Rock to own such a building, why not make it greater and grander in its scope and erect a more costly building by asking the physicians of the Arkansas Medical Society to take stock in such an enterprise. It certainly would not be an innovation. We believe that it would be a profitable investment from the beginning, not only a profitable investment, but it would be a monument to the progressiveness of the members of the Arkansas Medical Society. Let our House of Delegates consider this at our next meeting and appoint a committee to investigate and report at the 1907 meeting."—Bulletin of the Arkansas Society.

Just think of the glory of having in Topeka, a medical building occupied by the secretary of the Kansas Medical Society, the State Board of health, and the State Board of Medical Examination and Registration.

**Politics in State Societies**—The following letter in Colorado Medicine touches on some fundamental matters which our readers "out in Kansas" should heed. The present system of organization requires consistent and persistent effort. Very few men are willing and able to do the work; In selecting our office bearers, we should think of ability to do work and our kind of work as well as of the candidate's good fellowship:

"Replying to your request for impressions of the society's last meeting, I shall necessarily be confined to the early sessions.

"In common with our associations of men who do things, our society has for fifteen years heard the wails of "gang, clique, and fixers" echoed from one hilltop to another by members of the pack who never got close enough to the game to cause their hackles to rise, much less bring in the game.

Every association of men for purposes secular, scientific or religious has been and will be dominated by a few men, energetic, and ambitious for its success, whom those who take an ephemeral annual interest designate by different names intended to express disapproval.

"These facts have been peculiarly applicable to the affairs of the state society for years, and the same old suspicions are brought to the meetings by men of similar processes of cerebration annually—men who are never seen at the society's committee meetings or taking part in its scientific deliberations. Grown tired of these serial charges of usurpation, two members announced their withdrawal from active participation in formulating the future policy of the society.

"Harmony (?) was apparent, but not the kind promised for years by the malcontents, but rather that which is engendered by the reading of the "Last Will and Testament."

"Two aspiring successors to the trust were born instantly and a guerilla warfare inaugurated for imaginary spoils; later dispersed, however, by the Regulars.

"A good healthy clique has been and will be the essential of our society's prosperity. It is simply the working force of the body organized for work, to which every member is eligible and from which some stand aloof from personal jealousies or because absence veils a paucity of knowledge medical.

"The controlling spirits of the association have been regularly charged with advancing their coworkers to prominent places in its councils. And they have. It could scarcely be expected of a body of men sane enough to practice medicine and ambitious for success, that they would fill the offices with men who rarely attend its meetings, but instead, remain at home to beat the bushes with the methods used by their forebears.

"Not a meeting of the A. M. A. passes without one or more members of our society being honored with high places in it. National associations of

specialists frequently take their presidential from our association. It is because the society has been in the hands of a clique, or in spite of it, that its reputation is so good away from home?

"The edifying sight was this year enjoyed of a personally grand man raising the cry against "gang rule and star chamber proceedings," who has been at few meetings in twelve years, and then dangled his hat between his knees on a back seat, long enough to have it said that he "attended." There was no one to rise and charge him with ever having belonged to a "clique."

"It is more profitable to retrospect than to prognosticate.

"The clique of the state society has been for fifteen years composed of medical men, self elected, and self perpetuated, permeated with the well-defined purpose of making executive officers of members most likely to keep the society moving *pari passu* with the evolution of scientific medicine. One year its presiding officer would be chosen from a little farming community, again from a struggling college faculty; the next, a representative from a competing college was selected, each giving excellent results, although they never for an instant relaxed the college strangle from the throat of the other, while the little parish continued to howl "clique" from a safe distance.

The pictures of those who have been in the foremost of our society for years, hung in a gallery, would be instantly recognized by Colorado as representing the progress of medicine and the integrity of manhood. And every medical society, medical college, medico-social sect and rural community could point to one or more and say with pride, "He belonged to us."

"The Clique of the State Society," Forsooth!

**The Present Medical Curriculum**—"Sirs—The report recently made to the Royal College of Physicians of London by a committee appointed to consider a communication from the Royal College of Surgeons of England on the subject of the medical curriculum is now public property and, taken along with the admitted falling off in the entry of medical students, calls attention to a state of affairs which seems to demand speedy remedy. The present system of medical education appears to be a compromise between the competing claims of various sciences. The medical student passes through many hands and the teachers of each branch tends to claim the greatest possible amount of time for his particular specialty. As a result we run the risk of losing sight of the true object of medical education which is simply to endow the future medical practitioner with the knowledge requisite to enable him to treat sick persons in the best possible manner. For this purpose he must know the structure and functions of the human body in health and disease, and the action and administration of all recognized remedies. In other words, he must become acquainted with the truths of anatomy, physiology and pathology, and with chemistry, materia medica and therapeutics—these together forming the basis of his practical knowledge. In addition, the medical practitioner should possess such a measure of general culture



as will enable him to meet well-informed persons among his patients on equal terms; he will thus uphold the credit of what was once considered a learned profession. It is at the entrance examination before registration that the student's possession of this latter requirement should be ascertained. If we ask how far these objects are fulfilled by the present arrangement we have to confess that it is doubly defective. The standard of the entrance examination is so low that students often appear unable to write their own language accurately, have no knowledge of its literature, and little general information. On the other hand, the purely professional side of the curriculum is overloaded with unnecessary matter. A course of instruction in physics and biology is not essential for the treatment of disease. It should, perhaps form a part of the general education of all cultivated persons at the present day; but so long as it does not do so, it should not be compulsory upon the medical students. These subjects should form a part of the medical examination but should be optional, along with a sufficient range of alternative subjects, such as modern languages, history, geography, and so on. The subsequent course of professional study would then be limited to the sciences mentioned above as essential. If the curriculum were thus curtailed, the student would have time in a five years' course for that amount of bedside study which is now so conspicuously neglected in favor of theoretical work. At present we are turning out at our medical schools men with a smattering of many sciences but with little practical ability to treat the sick."—Wm. Cecil Bosanquet in *The Lancet*, Feb. 3, 1906.

**Nasal Catarrh**—For many years I used various remedies and met with varying success until tiring of one remedy after another I relied solely on Potassium Permanganate in weak solutions as a nasal douche, but a review of some points in this paper will show why I always sought for something else. Glyco-Thymoline has usurped the place of the permanganate solution in my armamentarium, and after sufficient trial establishing faith, implicit faith, in its therapeutic for this connection. A knowledge of its essential constituents and their therapeutic action only tends to strengthen a belief in its specificity. Caution is necessary in the selection and use of remedies, but a fair trial has proven no untoward inconvenience emanating from the use of this remedy. Meanwhile the therapeutic results are gratifying and the good effect of Glyco-Thymoline can be easily verified by a trial, when conclusion will be the result of practical truths only."—John A. Hale, Alto Pass, Ill.

**One Illustration of Fraternity and Co-Operation**—An Idaho physician who made application for license to practice was rejected because the results of his examination were not satisfactory, and the district judge to whom his appeal was taken reviewed his examination papers, raising the grade, but not raising it enough to pass him. He then appealed to the Supreme Court, and, while the case was pending, Dr. R. L. Nourse, the president of the Idaho State Medical Society, who was also a member of the State Board of Medical Examiners at the time the application referred to was acted on, commented rather pointedly in his annual address, on the actions and words of this district judge. Besides quoting freely from the judge's opinion as handed down, Dr. Nourse said: "Think of it: A judge, however learned he may be in matters of law, sitting as superior to a board of six medical men on matters pertaining to medicine, gravely scrutinizing the markings given by a medical board to a candidate for a license to practice medicine, to see if he had been rated correctly. It would be intensely funny if it were not, in fact, so serious a matter." Further, commenting on the remarks of the judge concerning the subject of pathology, Dr. Nourse said:



"It will, no doubt, be news to you that pathology is a subject that only specialists (he does not say what specialists) are expected to be posted on. Although every bona fide medical school in existence teaches pathology, and every state examining board must examine on it, yet this learned judge sweeps it aside as an unfair test." For these remarks Dr. Nourse was summoned before the judge, who fined him \$300.00 and costs for contempt of court. An appeal was taken to the Supreme Court, but it refused to set aside the action of the district judge and the fine was paid. Dr. Nourse's public criticism of the judge while the case was yet unfinished may have been technically wrong, but it was worth the fine to have the opportunity of expressing the frank opinion. The best part of the whole matter, however, is that the members of the Idaho State Medical Society showed their fraternal feelings in a practical by voluntarily taking such action that Dr. Nourse will be nearly, if not fully, repaid. They have sent to the secretary \$240 and more is still coming in. It is this spirit which is the natural result of organization, that is so encouraging for the future, for it is a spirit that is gradually coming to prevail among the members of the profession in every state. —From the Journal of A. M. A. Feb. 24, 1906.

**For Sale—\$900.00** buys my residence and practice. (Practice is worth \$1600 a year.) Location, Northeastern Kansas. Population 500. Appointments, several good ones. Reason for selling, ill health. Address No. 29, Journal office, Simpson Block, Kansas City, Kansas.

**For Sale—**Real estate and drug stock (drug store) for \$3000. To the purchaser of the above I will give my practice (unopposed) which brought me in \$3000.00 last year. Location in Northern Oklahoma, about 75 miles from Wichita. Address, J. S. Journal Office, Simpson Block, Kansas City, Kansas.

**For Sale—**A \$3,000.00 unopposed practice for sale in eastern Kansas. Collections, 95 per cent. A snap. Good reasons for selling. Address No. 30, JOURNAL OFFICE, Simpson Block, Kansas City, Kansas.

# ANNOUNCEMENT.



Dr. E. H. Thraillkill takes pleasure in announcing to the profession that he has opened a sanitarium at 916 East Eighth street, Kansas City, Mo., for the treatment of Diseases of the Rectum. All the conveniences of a modern hospital can be obtained here.

The Management is Strictly Ethical in Every Detail.

Hours { Sanitarium: 10-12 a. m.  
Office: (307-308 Rialto Building) 3 to 5 p. m.

BOTH PHONES.

## ADDENDA.

Cloud County Society meets at Clyde, April 12.

The Golden Belt Society meets at Abilene, April 5.

Write your congressman about the pure food bill. Our enemies are sending literature broadcast to overcome the movement. Write today.

Cowley County Medical society met in regular session at Winfield, March 8, 1906. Dr. J. H. Guinn read a paper entitled "Use of Antyline Gas in Medicine," and Dr. Willis H. Hall reported a case. The following officers were elected for the ensuing year: C. E. Pugh, president; J. H. Guinn, vice president, H. L. Snyder, secretary; J. A. Jacobus, treasurer. Drs. W. T. McKay, and E. B. Emory were elected delegates to state society. Four new members were elected.

H. L. SNYDER, Secretary.

## URISEPTIN—A FAKE PAMPHLET.

Seneca, Kansas, March 15, 1906.

DEAR DOCTOR HOXIE:

Under separate cover I send you a " . . . . read at the meeting of the society of physicians and surgeons of the state of Kansas. Doubtless you have seen it, possibly heard it "read." It's red, anyhow, red hot. It "is seldom that one of the millions of such 'reads' can be noticed." Maybe there are physicians other than myself who know nothing of "The Society of the physicians and surgeons of the State of Kansas." I hope, therefore, that in an early issue of the official Medical Journal of Kansas you will tell us about it. The society in question is responsible for the red paper read. There is scant comfort in the fact that the thing is an importation, being fathered by a state society. The Kansas Medical Society desires to keep the medical profession free from both ignorance and charlatanism, and to that end publishes a monthly journal. The "paper" submitted and kindred ones furnish a salient point of attack upon the enemies of the public and the medical profession. We are the avowed antagonists of impure food and nostrums. Let us keep this kind of literature out of Kansas and out of Kansas Medical societies especially. There may be some merit in the drug but the "seven golden cases" or candlesticks certainly throw no light upon the subject. All such papers are addressed to the unlearned, the unreasoning and the credulous. Did not this latter class abound such papers as "Uric Acid and Its Elimination," with clinical reports of seven Cases" would never be printed. The manufacturers are doubtless receiving orders for "Uroseptin". If it be an active medicine harm will result from it chiefly because of the class of physicians who will handle it on the strength of such a recommendation as the "Read at etc." Even the valuable and official "Rurotropin" calls for superior knowledge, skill, observation and precision in the application to the Uropontic system. Its range and limits of usefulness have yet to be defined. While such medicine—all active medicines—often accomplish what we desire, they necessarily have other effects, some of which may be highly undesirable. These pros and cons must be watched and weighed with knowledge and skill wedded to an interest scarcely short of enthusiasm, for all are two-edged instruments.

Many young men go out from medical colleges, begin an indiscriminate purveying of drugs, unauthorized, even quite contrary to the spirit and injunctions of the Alma Mater they have left a long, long way ahead of them. But those who later assault society with "clinical reports, read at the meeting . . . , of the type herein considered, are a class *sui generis* and in these days of general reform deserve notice.

N. HAYES.

**One Fare Plus Fifty Cents to Topeka  
and Return**

# The Journal

OF

**The Kansas Medical Society**

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**Volume VI**

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**Number 5**

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**The United Boards.**

Olathe, Kansas, March 30, 1906

To the Editor: There has been a question in my mind as to whether it would be in my place to write you a little note of protest or not. Your see I have settled it and you are to be inflicted. The occasion was your (from my stand point) ill-advised editorial about the state of Kansas paying the salary of the secretary-editor of the Kansas Medical Society.

It does not seem to me that you really meant that seriously, did you? You know that as laws now stand no school shall have majority on either medical board and any change as to that would meet with very decided resistance from "we uns".

The secretary of the examiners is now a homeopathist and Dr. Crum-bine's successor likely will either be one or an eclectic in which case your scheme would hardly work even if the boards were consolidated—which thing I think would very advisable. The man who occupies the position of secretary of the combined boards would find enough to keep him busy without any private work nor the editorship of any journal. That is if he worked at his trade well. Then the \$2,000 a year that would go with the office would average up well with the net income of the brethren.

One thing that the editorial has done is to set the hair the wrong way on many men who would like to help in the organizing of the whole profession—we know what has been done in other states when the machinery of things is under one control.

We could as well suggest that as the state pays the salary of the dean of the medical department he ought to continue to act as editor and as secretary. That does not strike you, does it, nor me either. Yet the cases are somewhat parallel. I would be glad to hear from you.

Yours truly,

ERNEST P. MILLS.

(REPLY. A careful rereading of our editorial will, I believe, convince you



that we had no idea that the state would or should pay the salary of the secretary of the Kansas Medical Society. In fact, the editorial states that even the agreement upon one man who should serve as the executive officer of the two boards and of the Kansas Medical Society as well was not within the realms of probability. Apparently we Kansans are too fond of the loaves and fishes to permit us to consider any such a proposition as combining our forces and cutting down expenses and increasing efficiency at the loss of the opportunity to pluck plums for our friends.

I am sorry that the Board of Health considers sectarianism of more worth than efficiency. I hope, however, that Dr. Crumbine will not be removed simply to make room for a homeopathist. What we need in that office is ability and special training—and these qualities we should secure even if we have to go outside of the state or outside the profession.

To me it is inconceivable that a fair minded man should have his "hair set the wrong way" by our editorials on this subject.

What we need is a clearly defined goal and then a united effort to reach that goal. Our goal is not to enthrone any creed or isms. On the contrary, we should subordinate all these things to the greatest good for the greatest number—the advancement of the public health.)

**Dr. Mills** suggests that \$2,000 is about the right salary for the executive officer of the combined boards because that would average up well with the income of the profession. This your editor believes a mistaken policy, if thereby is meant the seeking of "average" men to fill such a position. Neither should such an office be "passed around." Such an officer must be a peculiarly gifted and specially trained man. He must be as much of a specialist as the chief engineer of the Panama Canal. President Roosevelt would have been following out the same principle as that enunciated by Dr. Mills had he sought an average engineer and paid him the salary averaged by his colleagues in the United States. President Roosevelt is too wise a man to hold such a principle. He sought out the man who seemed best fitted for the task and then paid him enough to make it worth his while to give his best time and attention to the work. The following of this same fallacious principle would be the selection of instructors for the medical faculty at Lawrence from the average of the profession in Kansas and then paying them the amount of income averaged among Kansas practitioners. Such an institution would gain much prestige for us at home and abroad, wouldn't it? We all want our state University to have the best men that we can get, and we want them to be paid enough to make them loyal and contented Kansans. So, if we are to build up an efficient bureau for the public health of Kansas, we must seek out a man to be at its head who shall be acknowledged an authority on such matters. We must give him authority adequate to his responsibility—and a salary

sufficient to enable him to give the work his undivided attention. He must be neither a "regular," a "homeopathist," nor an "eclectic," but a Physician of the widest training and highest ideals. Such a man would truly represent the Kansas spirit—the real spirit underlying the ebullitions of popular discontent with "grafting" politicians.

**The Right to Practice.** J. L. Moyes, a traveling salesman for Harper & Co., of Pittsburg, (Kansas) was arrested recently for embezzlement. He has been in jail before. His weakness seems to be a fondness for women. Nevertheless he is a licensed physician and expects to open up practice at once. Ought such a man to be allowed to practice? Evidently the Board of Medical Registration has much work to do. We are anxiously watching to see how the work will be done.

**Honors.** The Journal of the American Medical Association abstracted the articles of Dr. Scott and Dr. Morrison in our March issue.

**At Last; We have secured an "open" one fare plus fifty cents rate for the Topeka meeting May 9, 10, and 11.** These excursion tickets will be sold May 7-10 inclusive, good for return leaving Topeka until and including May 14. The meetings will be held in the Throop hotel. Chancellor Strong and the President of the society will speak on the evening of the 9th. Topeka will be full of delegates and conventions at this time. It will be well, therefore, to order hotel rooms ahead of time.

**The Chief Argument of Christian Science** lies in the statement that because God is just and good, He wills to none illness and suffering. It may be that illness and suffering are penalties for transgression of the law, but no one who reads and believes the statements of the Christ can say that they are sent for a punishment to the sufferer. On the contrary they may be often the very results of goodness on the part of the sufferer. Now it seems to us that the Christian Scientists forget that to God the perfection of the soul, the character, must be chief—that He wants goodness held for its own sake, not for its rewards—that He does not wish, for instance, a man to be honest because it is the best policy, but rather because it is right and just and because dishonesty must hurt somebody. If every good religionist were guaranteed health and wealth in this world and happiness in the next, what a multitude of religionists we would have. But such throngs would be seeking only the loaves and the fishes. Therefore it seems to us that even theoretically every Christian must expect to be subject just like every one else to the laws of health and wealth. His attitude should of course be gentler and more resigned to affliction—thus rendering them lighter and less disastrous either to mind or body. If the

Christian seek not the things of this life, he surely will be happier than the man whose whole trust is in the externalities of temporal life. If we could point out this fallacy, (and its corresponding truth) to such of the Christian Scientists as seem capable of a bit of abstract thought, we may possibly save some from unnecessary evil and suffering.

**"Uric Acid and its Elimination**, a paper read at the December meeting of the society of Physicians and Surgeons of the state of Kansas by Richard Ray, M. D., Kansas City, Mo." This is what aroused Dr. Hayes ire as expressed in the April JOURNAL. Dr. Ray told us over the 'phone that he didn't write the article. Somebody then is "in error" either the Uriseptin company which issues the pamphlet, or . We ought to teach both parties a lesson.

**Boston, June 5-8.** Our Kansas party will leave Kansas City union depot in a special car via the Chicago and Alton on June 1, or May 31, at 6:15 p. m. We spend the next forenoon in Chicago and then leave via the Grand Trunk, at 3 p. m. Our route takes us in a northeasterly direction from Chicago to Montreal, around the south end of Lake Michigan, across the northeast corner of Indiana, through the heart of Michigan and Ontario—the former with its rich agricultural districts, and the latter a continuous panorama of orchard, garden and vineyard, beautiful farms and prosperous cities; skirting the north shore of Lake Ontario and the river St. Lawrence for a distance of 350 miles—thence via the Central Vermont railway through the green hills of Vermont to White River Junction, from which point our train is handled by the Boston and Maine R. R., through the White Mountains of New England, through Concord, N. H., to Boston and the sea.

We reach **Niagara Falls** next morning and spend a half day there. Then, we run to Kingston, Ontario; where on the morning of the 4th (or 3rd) we take a boat for a ride down the St. Lawrence river, through the Thousand Islands, reaching Montreal in the evening. We arrive in Boston next morning in time for the meetings. The Thousand Island trip is, of course, optional. (Its cost is \$3.50.)

We return by the same route. Our tickets are good until the 9th; but, by depositing them, they may be extended until June 30. The cost of the round trip, including sleeper (\$16.00), will be \$50.55. (This may be \$3.00 lower, but no higher). Colleagues who have transportation as far as Chicago may join the party there, provided they make a deposit covering the berth reservation in time. Applications for reservation should be sent to the JOURNAL at the Simpson Block, Kansas City, Kansas. Of course, you can take your wife and friends along.

Delegates may return by way of New York City, using the steamer (Fall River) to New York; and, thence, to Niagara Falls and Chicago (via the Lehigh Valley R. R.) by the payment of \$12.00 additional.

**The Osteopaths.**

Great Bend, Kans., March 16, 1906.

To the Editor of Kansas Medical Journal:

I would like to know of you if it is proper and right that members of our County Medical Society should consult with and use in their families osteopaths, and whether or not it is the duty of the county societies to take action against those who practice this habit?

Very respectfully,

R. H. MEADE.

(In my opinion it would be the best help that we could render the osteopaths to boycott them out as a class. I believe that good judgment would dictate the issuance of no uniform or settled rule; but, that each osteopath should be treated on his own merits; and, where he does not aspire to practice medicine but simply do massage for which he is equipped, then such an osteopath could be utilized probably to the mutual advantage of the physician and himself. According to our constitution and present method of organization, it would be a mistake for the county societies to take any such action as that passing a rule forbidding members to do as they pleased in this matter.—ED.]

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**Kansas State Medical and Surgical Association, Topeka, Kas., March 30, '06.**

Dr. G. H. Hoxie Dean School of Medicine,

University of Kansas, Kansas City, Kansas.

Dear Sir: Herewith I enclose to you a letter received from Mr. Chas. Onderkirk of Palco, Kansas, with copy of an Agreement between Onderkirk and the Kansas State Medical Institute providing for (absent) treatment for the former's wife. The name of Kansas State Medical and Surgical Institute conveys the impression that this is a state institution and the public may be induced to patronize and give greater credit to it because of the name than it otherwise would do. I think therefore this concern should be made the subject of some investigation and I will be greatly obliged if you will give me any information you have, or may obtain, relating to the character, professional standing and personnel of this institution.

Very truly yours,

J. R. BURROW,

Secretary of State



(Enclosures.)

Contract, Issued by the

KANSAS STATE MEDICAL AND SURGICAL INSTITUTE ASSOCIATION

Kansas City, Kansas, June 29, 1905.

THIS IS TO CERTIFY that C. Onderkirk has this day paid \$75 cash and given his obligation for \$. . . . . for medical treatment for 5 months or until cured or satisfied without further fee.

It is further agreed, upon the part of said C. Onderkirk to promptly meet all obligations to the above mentioned Association, or the President, or forfeit all right to further treatment. And I, C. Onderkirk, accept this contract for its value, word for word, regardless of any promises made by agent. This entitles his family to treatment at advertising prices at any time. All express charges paid by patient. The patient also agrees to report to institute symptoms of case five days before out of medicine, giving Post and Express office, also number of case.

Signed,

KANSAS STATE MEDICAL & SURGICAL INSTITUTE ASSOCIATION.

T. J. WHEELER, Agent.

Per Patient or Guardian  
CHAS. ONDERKIRK.

Palco, Kansas, 3-20-06.

To the Secretary of State,  
Topeka, Kansas.

Dear Sir: I herewith send you a contract entered into between myself and the Kansas State Medical and Surgical Institute Association for treatment for my wife which treatment has been followed faithfully since first received which was July 5th, 1905, which makes almost nine months treatment without any apparent benefit, in fact has been getting worse for the last four weeks now, the only reply that we can get from the said Kansas State and Surgical Institution is that they will keep on sending treatment until a cure is made, that would be all right, that is just what we entered into such a contract with them for but after taking treatment for four months longer than contract calls for and now that my wife is growing worse we will have to do something else now as the contract calls for a cure or satisfaction. Now as we have not got a cure we would ask to be satisfied. We think that we have done our part of this contract without benefit. What we now want is to have them fulfill their part and that is to satisfy,

Yours respectfully,

CHAS. ONDERKIRK,  
Palco, Kansas.

Kansas City, Kans., April 3, 1906.

Hon. J. R. Burrow,  
Secretary of State, Topeka.

Dear Sir: Referring to your favor of March 30, 1906, in which you ask about the Kansas State Medical and Surgical Institute, I beg leave to

state that this institution seems to be under the control of an individual by the name of Bonesteel, who if registered, has become so only after several unsuccessful attempts. At one time, he was endeavoring to run his institution by hiring a registered assistant. His practice is from the standpoint of the medical profession, decidedly unethical in that he promises to do impossible things and then has to rely upon the ambiguity of the contract to let himself out.

The title of his institution has caused considerable embarrassment here; in that, we have received some of his mail and doubtless he has received some of ours; and, there is no doubt that the name is of very great assistance to him in persuading the people of the legitimacy of his enterprise. Naturally, since we are about to institute a University, i. e., State hospital, of our own, it would be a serious matter to us, that it has the term State Medical and Surgical Institute, because in the minds of the laity that would be the same thing as our own medical and surgical hospital in connection with university instruction.

I return herewith Mr. Onderkirk's letter.

Very truly yours,

G. H. HOXIE,  
Dean.

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#### THE RESULTS.

(From the Kansas City Times.)

Topeka, April 13.—The charter of the Kansas State Medical and Surgical institute of Kansas City, Kansas, an organization which furnishes a mail treatment, was revoked by the state charter board at a meeting held today. The recommendation that this action be taken came from George H. Hoxie, the dean of the school of medicine at the University of Kansas. He said the title of the institution was misleading and gave the impression that it is backed by the state. Inasmuch as the state will soon establish a state hospital in Kansas City, Kansas, Dr. Hoxie thinks that at least the name of the institution should be changed. Mail for the two institutions was frequently mixed.

The Kansas State Medical and Surgical institute is at Sixth street and Nebraska avenue, Kansas City, Kansas. Dr. W. J. Bonsteel is president and Dr. C. A. Bonesteel is manager. Dr. W. J. Bonesteel said last night that revoking the charter would not seriously interfere with the company as an application would be made for a charter which would not contain the objectionable feature.

**Opticians.**

Norton, Kansas, April 7th, 1906.

Dr. Geo. H. Hoxie,

Kansas City, Kansas.

Dear Doctor: I am sending you a clipping from one of our city papers, which shows where the practice of ophthalmology is drifting to. This man is simply an optician who does not know the least thing in regard to pathology, yet poses as one able to diagnose and treat such cases as are mentioned in the clipping. Why should this be permitted? Let us think the matter over and discuss it at our county meetings and also at the state meeting.

Fraternally yours,

CHAS. W. COLE,

President Norton-Decatur Medical County Society.

(Clipping.)

Dr. F. C. Wahlenmaier the well known Kansas City eye specialist, will have office in the Parlor of Bowers Tavern, Norton, Saturday, April 14. Weak eyes, failing eye sight, headache, nervousness, twitching lids, aching eyes, and all eye troubles treated by a new and scientific method. No remedy introduced in recent years has met with such universal good results as has Wahlenmaier's Absorption Remedies for the cure of granulated lids, ulcers, scums, wild hairs, paralysis of lids, dimness of vision, pterygiums and all eye diseases. The cures made in many cases even after a surgical operation, has been most marvelous. Nearly every one has a dread of the knife, and especially in this the case when so delicate a structure as the eye is involved. It is more remarkable when it is considered that all tortures and barbarous methods are eliminated by the use of these remedies, as there is positively no risk or danger. Hundreds of persons who have been nearly blind for years, having their sight restored by these remedies. Dr. Wahlenmaier will have office in parlor of the Bowers Tavern, Saturday, April 14th. Hours from 9 a. m. to 6 p. m. Examination without charge.

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## THE INCIDENCE OF CHRONIC BRIGHT'S DISEASE, ITS FREQUENCY, DIAGNOSIS AND TREATMENT.

FRANK A. CARMICHAEL, M. D.

Goodland, Kansas.

As the subject of nephritis is too broad to permit a general discussion in the limited scope of this paper, I shall confine myself to a discussion of the symptoms of the limited number of cases that have come under my personal observation with a few remarks upon the recent advances in the drug, hygienic and dietetic treatment of the same. The object of the cases reported is to call your attention to the frequency of latent forms of pephritis and the necessity for vigilance in all cases, presenting obscure symptoms of whatever character.

Elliott (Medical News, Sept. 19, '04) in commenting on the symptomatology of chronic nephritis remarks that "latency of symptoms is so constant a characteristic as to almost constitute its most salient feature." This refers equally to the obscurity of symptomatic, urinary and physical findings, and he holds that this latency does not constitute a point of distinction between early and advanced, mild and severe cases. It is my desire to call attention to the earlier symptoms of intoxication, those in fact, which commonly precede what we are constrained to term minor uraemia, which singly or in aggregate appear from time to time in the course of this malady and which, when carefully considered and properly interpreted may frequently avert the disastrous consequences of deferred treatment. Remarks upon the etiology and pathology of this condition are purposely omitted, as a useless consumption of time. It is encouraging in passing, however, to note that the pathology of renal lesions, of which in the past we have had a surfeit, is being gradually contracted to less complex and more practical proposition.

In this connection it is sufficient to state that chronic Bright's disease is by no means a disease limited to the kidneys. The cardiovascular involvements in chronic nephritis are constant in occurrence and are fully as important as the pathological renal changes.

I wish to call particular attention to certain isolated symptoms and symptom groups, that are especially significant, as well as a brief report of cases coming under my personal observation, confining myself to the discussion of such symptoms as have been markedly present in the cases I record. It will be convenient to classify the signs and symptoms under the following heads: Nervous. These consist of headaches usually hemi-cranial in type, intense in character, and not amenable to the ordinary methods of treatment. Chilly sensations occurring at indefinite intervals sometimes of short duration, sometimes protracted over a period of several hours, with distinct lowering of surface temperature. Coldness of the extremities, independent of rigors or subjective chilly sensations probably due to temporary cardiac exhaustion from the high tension present, or the direct action of the toxemia on the cardiac musculature and ganglia. Attacks of vertigo more or less severe.

Pruritus, formication, sensations of numbness, tingling or cramps in the extremities, nervous twitching of the extremities or isolated muscle groups as the pectorals, deltoid or abductors, sopor, stupor, marked insomnia and as terminal conditions convulsions, coma, or acute delirium. The cardiovascular phenomena are distinctive and fairly constant. The heart is usually enlarged to the left. The area of cardiac impulse may be normal, increased or diminished by a concomitant emphysema. Bradycardia is the rule, the pulse ranging from 35 to 70, the pulse being moderately full,



and slow, or irregular with increased tension. The force of the cardiac contraction is increased. The first sound is usually impure in quality, the second aortic tone is accentuated and exhibits, in well marked cases, a peculiar harsh flappy quality. Murmurs over the mitral area are not common and when present constitute no part of the pathology of the disease, but indicate valvular change, as heamic murmurs over this area are not compatible with the high tension present. Murmurs over the aortic valves are fairly common, probably due to atheromatous changes in the valve cusps, accompanied by compensatory cardiac changes. Distinct evidence of arterio-sclerotic change is present in the majority of patients over 45 years of age. Attacks of palpitation are fairly common as are also mild syncopal attacks, described by the patients as "sinking spells" sometimes of momentary duration, sometimes extending over a period of 20 to 30 minutes, and followed by a period of extreme weakness and prostration. The respiratory symptoms are those of dyspnoea, both static and on exertion, sometimes accompanied by evidences of bronchial irritation, cough and expectoration. The gastro-intestinal symptoms are not distinctive and consist mostly of general dyspeptic symptoms, anorexia being perhaps the most significant, when pronounced in character and continuing over a considerable period without discoverable cause. Attacks of acute abdominal pain, confined to the epigastrium, or diffuse and extending over the entire abdominal area, are sometimes observed of such severity as to require the administration of opiates. Various neuralgias may be present. Violent and intractable attacks of vomiting and diarrhoeas may occur, in periodic storms or as a possible constant feature in the terminal stages. Urticaria and erythematous rashes are not infrequent. Sweating, occurring independently of physical exertion is a very constant symptom. The urinary findings are frequently equivocal, especially so in early cases. There is usually a history of polyuria in those cases coming under observation before the onset of more grave and tangible symptoms, with nocturnal micturition. Aside from the lowered specific gravity the urine in these cases shows nothing distinctive and these cases frequently run their course without ever evidencing the presence of albumen or casts.

In cases coming under observation late or after the onset of prodromata of minor uraemia, there is a marked diminution in the total amount of fluid and solid elements excreted in 24 hours, as evidenced by a specific gravity of 1020 to 1030, the quantity varying from 6 to 20 ounces, the reaction acid in fresh specimens, the coloring not distinctive, but exhibiting more or less turbidity on standing. Sedimentary deposits are inconstant but when present are usually small in amount and consist of amorphous urates. Polyuria may occur in paroxysms, following pronounced nervous attacks. Then large amounts of clear limpid urine of very low

specific gravity are passed. While the presence of casts of any type are unnecessary in order to base a diagnosis of nephritis, epithelial and hyaline casts have been present in most of the cases I have observed. In one case, however, after repeated careful examinations the presence of casts was not demonstrated. Red and white blood cells, while present in most of the cases were not especially marked except in one. Subjective ocular changes were present in two cases; oedema was present in only one case.

CASE 1. Female, age 42, married, mother of five children; good family history. Diseases of childhood: Had been fairly well up until time first seen with the exception of occasional attacks of migrainous and obstinate headache. About nine months previously, patient began to develop cardiac symptoms, which consisted of attacks of palpitation, arrhythmia and slight syncopal attacks, coldness of the extremities with numbness and tingling. These symptoms appeared sometimes alone and some times combined with diarrhoea and persistent vomiting. There was also some dyspnoea on exertion, with attacks of uncontrollable nervousness, twitching of the muscles of the hands, insomnia and persistent anorexia.

Examination. Fairly well nourished, slightly anaemic in appearance. Lungs, glandular system, abdomen, genital examinations negative. Heart accentuated aortic, apex at the fifth interspace mamillary line. Area of cardiac dullness increased to the left. Pulse 68, fair tension. Temperature normal. Respirations twenty. Slight oedema of the ankles.

Urine, a twenty-four hour specimen, eight ounces, acid; slightly turbid; specific gravity 1032; albumen, faint trace; a few hyaline casts, many loose epithelial cells, no pus, few white cells, no reds; slight sediment of amorphous urates.

Treatment. Absolute rest in bed. Elaterium grains 1-10 every two hours until its hydragogue effect was thoroughly established. Then potassium acetate, 5 grains every three hours and occasional doses of calomel. Marked improvement in the symptoms, urine increased to 600 cc on the second day, reaching a thousand cc on the fourth day. The patient was intractable and insisted on getting up at the end of the week. Shortly afterwards she passed from my observation, going to St Joseph for treatment. Three months later at her return, I was called at nine p. m. and found her in a state of acute delirium, pulse 130, thready and irregular, tongue brown and fissured, teeth covered with sordes, respirations indeterminable on account of delirium; extremities cold; both first and second sounds of the heart weakened, the second exhibiting a peculiar loose flabby quality; pupils equally dilated; axillary temperature 101. Evidences of beginning pulmonary oedema. This condition had been present since noon of that day. The patient had passed no urine since the preceeding day. Hyoscine hydrobromate 0.01 grain with strychnine 1-20, hypo., was given to quiet delirium and strengthen heart. External heat and mustard draughts to hands and feet without perceptible reaction, the delirium continuing until 15 minutes prior to dissolution which occurred three hours later.

CASE 2. Female, age 38, married, mother of five children, previous and family history negative. Had been in apparent good health until present attack, excepting occasional gastralgie attacks. These seemed to occur at periods varying from 3 to 5 weeks, their onset being sudden without prodromata and without reference to food ingestion. The pain was referred to the epigastrium, intense in character, lasting from

10 minutes to an hour, disappearing suddenly but leaving discomfort and soreness for a day or two afterwards. There has been some dyspnoea on exertion for a year or more and more recently frequent attacks of diarrhoea, numbness and cramping of the extremities with vertigo.

The present symptoms were lassitude, weakness and trembling, palpitation, slight headache, tingling, and numbness of the extremities with occasional attacks of cramps in the legs, pruritus, pronounced anorexia and insomnia, with slight dyspnoea, sweating and occasional chilly sensations.

Examination. Plethoric, slightly obese, no apparent evidence of anaemia, lungs, glandular system and abdomen negative, reflexes slightly increased, heart boundaries not defined on account of fat, apex in the mammillary line, fifth interspace, impulse weak and poorly transmitted on account of the intervening tissue. The sounds were somewhat muffled and relatively weak, second aortic accentuated. Pulse 64, tension moderate. Respiration 19. Slight oedema of the ankles and slight puffing of the hands. Tongue clean, moist and tremulous. Urine, twenty-four hour specimen 10 ounces, turbid, smoky color, acid, specific gravity 1032 urea  $3\frac{1}{2}$  per cent, albumen strong trace, no test for sugar. Many glandular casts and fragments of epithelial casts and many single epithelial cells, many red blood corpuscles, few whites, heavy sediments on standing, yielding fine and coarse amorphous urates.

Treatment: Absolute rest in bed for eight weeks, fluid diet, milk and gruel, hydragogues. First elaterium, later calomel in 5 to 10 grain doses for its diuretic action, nitroglycerin every two to four hours as indicated.

During this period, the daily urinary excretion was collected, which varied from 6 to 16 ounces in the main, though there were several occasions following marked nervous attacks, when there would follow the passage of 20 to 30 ounces of clear limpid urine, of neutral reaction and a specific gravity of 1003 to 1005, without albumen, casts or sediment.

The slightest exertion was followed by unpleasant symptoms of weakness and perspiration and almost immediate decrease in the amount of urine voided. During this time several remedies were applied: urotropin, potassium acetate, methylene-blue, and caffein citrate. The benefit most noted was from the administration of caffein, it being the only remedy used that seemed to exert a distinct diuretic action. Under three grain doses repeated at three hour intervals, the urine gradually increased from 10 to 60 ounces, the specific gravity ranging from 1018 to 1025, showing the caffein to be a direct stimulant to the renal epithelium. At the date of this paper one year after the initial attack, the patient is able to attend to her household duties in part, but a recurrence of unpleasant symptoms follows unusual exertion. The daily quantity of urine passed is two to three pints, no albumen or casts but epithelial cells are plentiful, and a rigid dietary is observed.

CASE 3. Observed during my vacation in Colorado this fall. The local doctor being out of town, the case was under the care of a physician in a town 12 miles distant. I was called at 9:30 p. m. and found that the patient was the mother of four children, past and family history negative. She had had no serious illness in the past twenty years, though occasional attacks of "sick-headache" accompanied by severe vomiting, and more recently persistent attacks of diarrhoea had been noted. Patient had been obliged to get up once or twice at night to urinate. There had been some recent failure in vision, and patient had complained of aural pulsations for several months. This history was elicited from members of the family, the patient herself being comatose. Present illness had begun some three days previous with sudden



sharp abdominal pain, occurring in paroxysms at intervals of 15 minutes to an hour apart. The severity of these paroxysms was such that the attending physician had prescribed morphine in  $\frac{1}{4}$  grain doses by mouth every 4 hours, 3 of these tablets had been given, beginning 24 hours previous to the time I was called, it being 12 hours since the last had been given. There had been no bowel movement or urination for thirty-six hours at the time I saw her.

Examination. Age 66 years; weight about 200 pounds, Plethoric; pulse 50, soft and regular; respiration 14, full and labored; temperature normal; tongue dry, brown and fissured; breath peculiar ammoniacal odor (probably due to attempts made by family to arouse her from stupor by using weak ammonia water); pupils equally contracted; skin moist. Lung evidenced pulmonary edema and accumulation of mucous in the bronchi; heart, apex in the mammillary line, area of cardiac dullness indefinite, sounds feeble and poorly transmitted, profound coma.

Treatment: Aromatic spirits of ammonia 10 drops with nitroglycerin 1-50 hypodermically, external heat and friction to the extremities, followed in 20 minutes by caffein grains 15, to 10 ounces of strong hot coffee by the bowel. A slight evanescent reaction was noted in the next half hour but it was very slight and fleeting. Patient was then catheterized and two drams of urine obtained, resembling microscopically a mixture of milk and blood. Upon heating this to a boiling point a heavy coagulum resulted, patient continued to sink steadily and death occurred 16 hours later.

Whether this was a case of primary uraemic coma, or whether it was superinduced by the cumulative action of the morphine, the eliminatory functions being temporarily suspended, is a matter admitting of some discussion. The contractions of the pupils and lowered respiratory rate with the moist condition of the skin evidencing the drug's action; nevertheless I am inclined to regard it as one of primary uraemic coma.

The prevailing impression among the members of the profession, is that nephritis is a disease well marked in its clinical manifestations. To prove the fallacy of this belief, it is interesting to note the observations of Cabot (Journal of the American Med. Assn. Nos. 11,12, '05) in his comparative study of the antemortem and post mortem findings from his analysis of all cases of chronic interstitial nephritis occurring in the Mass-Gen. Hospital from 1893 to the present time. His report shows that a correct diagnosis was made in 33 per cent of the cases. He points out the fallacies of the modern methods of urin analysis, and deplores the implicit reliance placed upon the urinary findings. He considers the estimation of urinary solids including urea a waste of time, and the attempt to estimate the anatomical condition of the kidney structure by the measurement of albumen and search for casts as extremely misleading, inasmuch as in many conditions where no kidney lesion can be demonstrated at autopsy the urine has been found to be highly albuminous and loaded with casts. This, in connection with the observations of Schwarzkopf, would seem to markedly lessen the significance of these urinary findings. He is inclined however, to attach greater importance to those examinations which are most easily made, viz: total daily excretion, microscopic appearance and specific gravity.



Of extreme interest in connection with the consideration of urea excretion are the observations of Folin (*Journal A. M. A.*, Jan. 1906) who found that in many cases in which the urea excretion was low, the urine contained nitrogenous products in increased quantities in the form of ammonium kreatinin and uric acid. He cites a case of his where the total nitrogen content of a 24 hour specimen was but 0.85 grams, only 14 per cent of which was urea. Normally fully 85 per cent of nitrogen excreted is in the form of urea. Brown (*The Journal Am. Med. Assn.* 1906) records a case of pernicious anemia with chronic diarrhoea extending over a period of twenty years where for months not more than 5 ounces of urine were eliminated daily, but where intestinal sand consisting of uric acid was daily eliminated in enormous quantities. These observations go to show that the failure to eliminate nitrogenous end products in the form of urea had no special significance either from a diagnostic or prognostic standpoint.

It is not that we are deficient in our diagnostic skill, but because we are often careless or remiss in eliciting a clear and concise history of these cases and are prone to treat them from a symptomatic standpoint without a definite knowledge of the underlying causative factors, that so many of them remain unrecognized until the onset of terminal symptoms.

As yet we have no curative treatment for this condition and can hope for none from a medicinal standpoint. The restriction of sodium chloride ingestion combined with the administration of theobromine may perhaps be considered as the most encouraging, in late cases where oedema is present, unless such oedema is due to cardiac weakness. I have used diuretin however without interdicting the salt in the diet in a case without oedema without noting either increase in the urine passed or in the chloride excretion. When the condition is recognized early, preference should be given hygienic treatment with restricted diet and the administration of mildly alkaline non-stimulating diuretics, as potassium nitrate or acetate, combined with preparations of iron to overcome the anaemia, and measures directed toward the lowering of arterial tension. Relative to this, Loomis, (*N. Y. Med. Record* March 18, 1905) speaks disparagingly of the effects of nitroglycerine in cases of nephritis accompanied by arterial changes. His researches show no reduction in the arterial pressure and sometimes an actual increase. He notes much better results from sodium nitrate. Walster has observed excellent results in lowering blood pressure as recorded by the sphygmomamometer, by the administration of chloral in five doses every three or four hours; he also records disappointing results from the use of nitroglycerine.

The treatment of nephritis by organo-therapy has not been sufficient-

ly tested to prove its value. The basis of its application must be the theory of the elaboration by the kidney of an internal secretion, the perversion of which is the primary cause of the systematic intoxication. However stoutly the existence of this internal secretion may be maintained in theory, its establishment in fact has not been proven. It is certainly disconcerting to the student to encounter such bold and unqualified statements in the face of the prohibitive attitude exhibited towards all extrac-tives in our most recent text books.

The weight of opinion at the present time is, that the so-called functional tests, as cryoscopy, phloridzen and pigment excretion, are both inefficient and misleading in determining the functional capacity of the kidney. While they may be of some value from a corroborative standpoint, they are in no sense worthy of consideration when opposed to the findings of the test tube and microscope. In discussing the significance of single symptoms, the one perhaps the most difficult to harmonize with conditions of renal inefficiency and to which attention has not been especially called, but which was present to a marked degree in three cases I have observed, is that of attacks of acute abdominal pain. While Albutt, in his monograph, referred to it in a casual way, it has not been considered of sufficient importance to require more than passing mention. Max Buch (St. Peterburger Med. Woch. Vol. 29, 1904) reports the result of his observation in 25 cases, comments on its frequent occurrence, and determines it to be due to arterio-sclerosis of the splanchnic vessels, analogous to angina pectoris. He calls attention to the fact that these attacks are not at all uncommon in those of middle and latter life and entirely independent of food ingestion. The duration may be but momentary or may last half an hour or longer. Osler calls attention to various neuralgias in nephritis. Buch considers that the pain when diffuse in character is due to a neuralgia of the abdominal sympathetics.

The older theory of the causation of dropsical effusions, was that they were due to diminution in the molecular concentration of the blood and as a result of this, the transference of the fluid from the blood vessels to the tissues. The observations of Laufer (Societe Biologic 1904) shows that in cases of oedema and even in anasarca of renal origin there is invariably a precedence of chloride retention and that the blood mass actually undergoes an increase in volume as shown by the sphygmamometer.

While the influence of faulty chloride elimination in oedema and anasarca would seem to be established beyond a doubt by these investigators, its utility as a test is not proven as absolutely since its absence has been noted in a few cases reported as well as its occurrence in a few cases of cardiac disease. In these however, the pathological condition was not established to the exclusion of renal involvement. I recently observed a case of ascite

from an aortic valvular lesion, the fluid of which, obtained by tapping, showed after the separation of the albumen a very high chloride content.

A few words may be said concerning the year's progress in the treatment of renal inflammations, hygienic, dietetic and therapeutic. Heretofore the treatment of these cases has been directed towards procuring rest and protection for the kidneys by first securing absolute rest in bed, thereby preventing the waste tissue induced by muscular effort and reducing the eliminative burden of the kidneys to a minimum. Second by bringing into requisition the other excretory emunctories, as the bowel and skin, in order to relieve still further the kidney and favor excretion. Third, the selection of such diet as will impose the least work on the kidney structure, this being preferably a milk diet. Even in the most recent text books great stress is laid upon the exclusion of albumins, meats and particularly those containing extractives as kidney, liver and sweet-breads, etc., they being especially interdicted because of the supposed heightened osmotic resistance they produce upon a kidney highly congested or whose parenchyma has been reduced in function by a chronic inflammatory process resulting in tissue change or pressure atrophy. Therapeutically much is left to the discretion of the physician, depending on the acuteness or chronicity of the lesion, the degree of intoxication manifested, and the amount of cardio-vascular involvement. Many of our most trusted remedies have been found upon recent investigation to be totally impotent, some even pernicious in this condition and as a whole the medical treatment is by no means satisfactorily disposed of.

The year's contribution to this subject deals principally with the newer line of therapy, ignoring in a great measure, previous theories and practices. Among these, dechloridation has perhaps been written upon most widely. According to the observations of Widal and Delemiere and also of Corrinont (*Lygn Medicales*, July 12 and 19, 1903) the influence of sodium chloride of nephritic conditions, particularly those cases accompanied by oedem and advanced glomerular changes, is decidedly pernicious. They have demonstrated that in these cases the excretion of chlorides is markedly diminished, that the impermeability of the renal structure for sodium chloride is pronounced, the oedema and dropsical effusion have resulted from the experimental administration of the chlorides, and that similar phenomena in other cases have disappeared upon the withdrawal of the chloride element in the food. Javal (*International Clinics*, 1905, Vol 4) has confirmed these observations and recommended the administration of theobromine in addition to the withdrawal of or restriction in the salt ingestion. This is because of its seeming specific action in stimulating chloride elimination. The degree of chloride retention is regarded by these investigators as of the highest prognostic im-



portance. This theory however, would seem to be antagonistic to the practice so warmly advocated in the past, of hypodermoclysis, intravenous injection and administration by the bowel of decinormal saline solutions in conditions of uraemia either with or without venesection. Archard and Loper, (*Society Medicale des hopspitams*, 1903) have demonstrated the almost constant retention of chlorides in conditions of uraemia. While Javal considers theobromine as a most important medicinal agent, when combined with a chloride free diet, its value is questionable when the use of chlorides is unrestricted.

Page and Doderlein (*Press Medicale*, Dec. 28, 1904) reports 18 cases of nephritis treated by the administration of a glycerin extract of the fresh kidney of the pig. The nephritides were reported of various types and some with marked arterio sclerosis. Phenomenally good results are reported in each case, though the therapeutic application is somewhat vague, despite the extravagant claims made. On the other hand Arnozan (*Gazette des Sciences Medicales*, Bordeaux) states "that while some of the symptoms of uremia may from time to time have been relieved, there is no instance known either of the cure of Bright's disease, or the disappearance of albuminuria following the administration of raw kidneys or glycerin extracts and farther that there is considerable evidence to show that these extracts may be definitely toxic in their action on the kidneys." This, in the face of the observations of Renaut and Choupin (*Revue Des Med.*, July, 1905) leads us to regard with suspicion a measure so strenuously advocated by one faction, and so unhesitatingly condemned by the others. Ayers (*Med. News*, July, 1, 1905) reports the treatment of 46 cases of nephritis by lavage of the renal pelvis, with marked improvement in 12 cases of advanced type. The indication for the employment of this measures however, seems far fetched in the extreme.

Legurian and Gerard in their investigations of lumbar puncture advise it as a valuable measure in cases of severe intractable uraemic headache when other remedies have failed. Nothing of value has been added to the reports of the use of thyroid extract in conditions of uraemia. Though first advocated by Bouchard as a remedy of value in puerperal eclampsia where its value was doubtless due to thyroid changes and altered thyroid secretions existing in certain cases of pregnancy, its routine use in all types of uraemic status, seems not only irrational but pernicious. Loomis (*Med. Record* Mar. 1, 1905) found the supposed effect of nitroglycerin in reducing arterial tension is not perceptible in the majority of cases of high tension from arterial change and in some the pressure is actually increased. He also holds that its diuretic action is over estimated as he has failed to note increased excretion from its use.

The surgical treatment of anuria by renal decapsulation has not



met with much encouragement in the past year. While it is undoubtedly of benefit in the anuria following anesthesia, shock, spinal injury or malpositions with great intracapsular tension, its effect on anuria, the result of chronic and progressive kidney changes, has been unqualifiedly disappointing.

To summarize, therefore, we may say that the incidence of nephritis is by no means uncommon. That the assumption of its interstitial type, in the majority of cases, may be based on the history of polyuria in many cases unmarked by the evidence of symptoms indicative of minor uracmia.

That it is essentially latent in its earlier stages and frequently evidences no symptoms of any kind other than those of increased arterial tension until the onset of such terminal manifestations as acute delirium, uraemic convulsions or progressive and fatal coma.

That the urinary findings are not an index to the condition of renal integrity, and even the absence of albumen and casts in the urine cannot be assumed to exclude the presence of a nephritis.

That the presence of certain physical findings, as high arterial tension, cardiac enlargement with an accentuated second aortic sound, and bradycardia, are significantly suggestive of renal trouble in all cases irrespective of etiologic factors and corroborative urinary findings.

That murmurs over the mitral area are rarely found and when present constitute no part of the symptomatology of this disease, while murmurs over the aortic cartilage are not uncommon and are suggestive of relative insufficiency due to atheromatous changes and cardiac hypertrophy.

That oedema is not in itself, a symptom of interstitial nephritis, and when present is indicative of advanced cardiac involvement or the terminal stage of the disease.

That certain symptoms in themselves apparently obscure, as persistent headaches, vertigo, numbness, and tingling in the extremities, pruritus, formication, hyperidrosis, independent of physical exertion, extreme nervousness, lassitude, weakness, anorexia, attacks of vomiting when severe and protracted, epigastralgia or diffuse abdominal pain that cannot be attributed to some other definite cause, persistent diarrhoeas, scotomata, and failing vision, breathlessness on exertion, or more or less typical asthmatic attacks, syncopal attacks, and insomnia, any of which when occurring as a prominent symptom after the age of forty, should lead us to a searching inquiry for corroborative evidence of disease of the renal structure.

That, while interstitial, nephritis is not to be considered as a disease of the kidney structure alone, but as a more or less generalized systemic involvement, in which the heart and arterial system as well as characteristic disturbances of the nervous system and of the digestive functions,

play an extensive role, it is to be remembered that the pathologic renal changes are distinct and constant, that the terminal storm in these cases frequently descends like lightning from a clear sky, and the very fact of their latency so far as we may judge from a symptomatic standpoint, constitutes the most dangerous feature of the malady, in as much as it is prone to steal upon us like a thief in the night.

A careful consideration, therefore, of all vague and obscure symptoms especially in those in whom we have the slightest reason to suspect the possiblility of renal involvement, is absolutely demanded.

After a close perusal of the mass of conflicting literature bearing upon this subject in the past year one is forced to the admission that the newer methods of treatment apparently possess no points of merit over those already established. That they one and all admit of too much controversy and that for the present at least, we are not justified in abandoning the established method of treatment until we have a clearer demonstration of the utility of those more recently advocated.

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## TREATMENT OF RECENT SPRAINS AND CONTUSIONS.

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My attention was directed several years ago to a little book by Dr. Wharton Hood, on the treatment of recent injuries. The author began with an exposition of the methods of one of the famous English bone setters, the forerunners of the present osteopaths. Dr. Hood as a student enjoyed this man's confidence and was thoroughly familiar with his methods. The bone setter's cases were almost entirely those of old injuries, with impaired motion. His method consisted of a primary manipulation of the joint and repeated massagel-like treatments later, with encouragement to the patient to use the part from the first. He often claimed that he reduced the dislocation, just as do the present generation, and his patients

often heard the snap and felt something slip back into place. Dr. Hood reports that, in fact, the man made a number of preliminary movements, to gain control of the muscles; and then suddenly, with a good leverage, moved the limb in such a way as to break the adhesions, which were limiting motion. Dr. Hood reports that real dislocations were the greatest rarity. These adhesions were sometimes in or about the joint, and sometimes in tendon sheaths, or scars in the substance of the muscle. The massage, to keep down reactionary swelling; and the immediate continued movement of the part, to keep the adhesions from re-forming or, at least, insure their being lax and well stretched, was as important as the initial treatment.

Dr. Hood was convinced that many of the cases were greatly improved and some cured. He asked himself if much of the material which came to the old bone-setter was not really provided by the regular profession, and if somehow the fault did not lie in the usually accepted methods of treating recent injuries. He revised his methods and used massage and exercise under appropriate support. Although he does not say so in his book, Dr. Hood became the best known man about London in the care of recent injuries and was much in demand by all the athletic and sporting set. He tried to get the ear of the profession many years before, but when he talked of learning anything from a bone-setter, he was howled down. At the end of a successful career he left this little book, saying he would still like to share his ideas with the profession, if they cared to hear.

Before reading this book the inconsistency of the methods of the doctor and of the athletic trainer had often puzzled me. The average doctor treated an injury, in which the skin was not broken and which was short of a fracture, either with contempt or with careful immobilization. The foot ball trainer provided immediate and repeated massage, supported the parts with bandages and urged continued, but light, exercise.

Are there not some suggestions from the bone-setter and from the athletic trainer which we are foolish to ignore? The common methods in use are unsatisfactory in tears of muscles and contusions about joints, because so often the result is stiffness or an amount of pain, when the range of motion is extended, which inhibits the proper use of the part and ends in atrophy and permanent disability. With true torn ligaments of moderate severity the detention from business is too long. In some fractures, notably Colles and fractures of the neck of the femur in old people, the results are most unsatisfactory.

What are the pathological changes associated with contusions and sprains? There is a greater or less escape of blood at the point of injury (shown later by the ecchymosis). The blood vessels are engorged and there is an effusion of serum, fibrin and blood cells. There is usually a tearing of fascia or of muscle fibres or of ligaments. If appropriately sit-

uated, the injury causes also adhesions in the joints, tendon sheath or bursae. If the parts be merely put at rest, what is the process of repair? The exudates are slowly absorbed. A residue may persist as fibrin or be organized into connective tissue. The surrounding muscles atrophy from disuse and sometimes from associated nerve injury. There are adhesions at the site of repair of the injured structures. They may also persist in the joints or tendon sheaths, or a chronic synovial inflammation may follow. After all inflammatory signs have disappeared the inelastic scar in the muscle, or the tendon and joint adhesions, may be so painful that the pain reflex inhibits the action of the group of muscles and the atrophy increases and the disability is permanent. In increased resistance ahead, diminished power behind, and disinclination of the patient to try, we have a hard combination. The notably bad results following fractures in old people, where, when union is obtained after long immobilization, the atrophy and adhesions rendering the limb well nigh useless, present an extreme illustration of this tendency.

What would seem to be the logical treatment? Early massage to diminish the exudate and improve the circulation seems strongly indicated. This should be toward the body and from the proximal side of the swelling progressively across it. We aim to unload the blood vessels at a distance up the limb, then to rub down the upper edge of the swelling, then advance to the center, etc. We then need support, which may be afforded by a flannel bandage or, better, by some form of elastic bandage. This may be replaced, often early and nearly always later, by appropriately applied strips of rubber adhesive plaster. Over the contusion in the soft parts and where applied to keep from swelling, the strap should be at "fascial tension," i. e., about the tightness of the fascia over a large muscle. Only when it is desired to relieve a torn ligament by outside strapping should the plaster be tightly drawn, and in that case it should, of course, never completely encircle the limb. Hot compresses may be used early or, to still greater advantage, dry heat in an appropriate bake oven, if the part be a limb. The temperature can be pushed up to 300° F. if proper precautions are taken to absorb all the moisture. The advantage of baking in old joint lesions is well known. When the apparatus is at hand it may be advantageously employed in most recent cases.

Passive motion should be instituted at once by the surgeon. Active motion is the point on which the most courage as well as judgment is required. In muscle bruises, after support, this is all-important. It should be light, but of good range, and persisted in, in spite of moderate pain. The whole treatment of a sprained ankle by the "army strapping method" fails unless you make the patient walk from the first; carefully, to be sure, and in short instalments, with the foot elevated between times; but walk



they must, or the circulation becomes sluggish and the new treatment fails. A large joint effusion is the only contra indication to early active motion, except fracture, and some kinds of fractures do well under the ambulatory treatment after a few days of rest. We may continue massage through the strapping, or use an elastic bandage and remove it for rubbing, baking and so on. If you must use medicine, a belladonna—ichthyol ointment may be applied under the bandage. In the latter stages electricity is of distinct value. If the pain be severe, one early exposure to the Finsen light or the X-ray sometimes gives almost instant relief. If used a few moments after the injury, the Finsen light, or even an ordinary violet ray from an electric bulb, sometimes seems to prevent swelling.

The question of treatment of fractures opens a wide field, which it is not my intention to go into in any detail. Without variation from the usual rules of immobilization it is my custom to treat all fractures of the forearm between flat padded board splints and take them down every few days for bathing of the skin and light massage. Passive motion is instituted in ordinary cases within a week and always after two weeks. I have never had the bone slip out of place under such manipulation if it had been properly reduced at the first. Frequent inspection contributes to the comfort of the patient, guards against unsuspected mal-positions or pressure points and insures less stiffness and less atrophy and so a more prompt restoration to complete function. I am not prepared to adopt ambulatory treatment of fractures of the patella, although some excellent results have been reported. Probably the compromise position is the best here. If the lateral ligaments which parallel the patella are intact, as shown by slight power of extension at the start, slight active movements may be begun at once. Otherwise we try to keep up the tone of the quadriceps by massage and electricity and make some passive motion at the end of the second week and light active movement under the observation of the surgeon during the third week.

In fracture of the neck of the femur in old people I apply no traction or splints. The limb is kept quiet with sand bags for 48 hours, then the patient is made to sit up in a reclining chair and early allowed to walk with crutches. The weight of the limb is supported by slings of plaster or early by a hip splint like a Thomas. One expects only a false joint, but with good muscle control and no painful adhesions the danger of pneumonia is avoided. The patient walks with a crutch and later with a cane about his house and grounds and in some cases gets about town with considerable activity. Of course this treatment, like all others, has to be compounded with common sense and mixed with the personal equation of the physician. No elaborate training is required to gain reasonable skill in massage and the application of dressings.

The following cases are appended, not for their intrinsic interest, but merely as illustrations:

Mrs. X., a young married woman, rather heavy. In attempting to raise a window, which was half-way up, she placed her shoulder under it and pushed violently. Something gave way with a sharp pain. When seen a few hours later, she was sitting in a straight backed chair, with a hard pillow behind the middle of her back, and her head held high. The pain was severe when she bent forward, or moved the upper arm. No fracture was found, and the lesion seemed to be a tearing of muscle fibers along the spine of the scapula and the vertebral border. The sagging of the scapula caused pain, made worse by attempting to raise the shoulder. There was a moderate diffuse swelling. Treatment: circular massage, at first light, then deeper. The woman, as a supposed high compliment said the rubbing was better done than by her favorite osteopath. The scapula was then supported by strapping, passed from behind and below upward over the shoulder and down over the breast, with lateral criss-cross bands. Some rubbing was continued daily through the plaster, which was changed at the end of the week, and removed in two weeks. As entire immobilization of the scapula was impossible with the arm free, no special active motionment was ordered until the latter part of the time.

CASE 2. Mr. Y., young man, fell from horse, suffering contusion of the knee. In an attempt to make light of the injury, he immediately played a game of tennis, until the pain forced him to stop. When seen four hours after the accident the knee was tightly distended and very painful. Treatment: rest in bed, hot compresses, massage, belladonna and ichthyol ointment, and elastic bandage. Next morning the knee was bled, then rubbed and rebandaged; massage again at night. This program was carried out for several days. At the end of a week the patient went back to the office, wearing an elastic knee-cap. In three weeks he was entirely well. This patient had had two sieges of water on the knee with this joint. The second one meant three weeks in a cast, and six weeks detention from business. The writer, of course, considers this result better than the average to be expected in so severe a case.

CASE 3. Mrs. W., sprained ankle of moderate severity. The writer was called because on a previous occasion the patient had been in a cast for three weeks for a sprain of this ankle, and she now had a number of social functions in hand. Treatment: massage, tight strapping, with sling under foot from the sound of the injured side, with light transverse strapping. The patient was much on her feet during the next two weeks. The strapping was replaced several times for her comfort, or because it was becoming loose as the swelling subsided.

CASE 4. Mrs. S., elderly woman; Colles fracture, usual type. Light board splints; taken down every other day for massage. Active movements of fingers and passive movements of wrist from the first. After two weeks she was given soft rubber balls of different sizes to grasp in the hand and under the support of the surgeons hands was encouraged to make active movements of the wrist. Result: moderate broadening of the wrist, with excellent use of the hand and arm.

CASE 5. Mr. Z., elderly man; fracture of the neck at the femur. Rest in bed two days, with broad supports of bandage over sandbags. On the third day, despite his protests, the patient was lifted from bed to a Morris chair with a footrest. He

coughed up some blood-streaked mucus at once and a slight temperature subsided showing that he had apparently been just about ready to develop a hypostatic pneumonia. The limb was steadied by a bandage and rubber plaster sling, and the patient early encouraged to walk with crutches. No union was obtained, but good muscular control. The patient walks with a cane about his house and ground. He uses crutches to come down town because he is afraid. He can bear his whole weight on the limb, but has to be careful lest it give way under him when coming down stairs.

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## INCURABLE SKIN DISEASES.

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The term "incurable disease" is a relative one. Of this we may easily become convinced by hearing the verdict of different members of the medical profession, as well as of other people, on individual cases. It depends to a great degree on the knowledge and skill of the physician handling the case. Many cases now considered quite curable were incurable before the advent of anesthetics. The skillful use of general anesthesia has contributed much to the development of skill in operative surgery, while the recognition and practice of asepsis and antisepsis have transferred many cases from the incurable to the curable side of the list of surgical diseases. Better knowledge of disease processes and their causes, together with improved therapeutics, have taken many other diseases also into the curable class that were not so considered formerly. The death rate from diphtheria has been vastly changed by the use of antitoxin. Enterocolitis of babies is greatly reduced in its evil effects by a better understanding of digestive processes and intestinal antiseptics; while the great "white plague" itself is no more looked upon as the absolutely incurable thing it used to be because the creature producing the disease has been discovered and methods of inhibition of its growth and means for its destruction are being sought out, which destruction we believe will eventually be successfully brought about.

The number of diseases which are being changed from the incurable to the curable are thus constantly increasing as better knowledge and skill are attained.

We may go further than this and say that in this day of advanced thought in medicine and surgery, some cases may be incurable for all but a skillful few—and this is what has given to us the specialties. It is plain to see that by concentrating one's efforts to a limited field greater skill can be attained in that field. As a result many cases, which can not be cured by others, can be by the specialist. What is here said with regard to medicine generally may be said with special emphasis about diseases of the skin.

There are several reasons for this condition of affairs. In the first place, the study of this class of diseases without the clinical cases to study is apparently more difficult than other branches of medicine. At least, that seems to be the general opinion of the student. Then, during the student days there are the other branches of medicine and surgery, some of them apparently more brilliant and at the same time easier to grasp, such as surgery and gynaecology. It is, I believe, true that a majority of medical students aspire to be surgeons and consequently give more attention to the operating surgeons than to any one else. It this happens that a majority of medical students pass out into general practice with a small amount of information on this subject. When located they get busy with other work and the field of cutaneous medicine still remains uncultivated. This class of diseases is of less absorbing interest then, because these patients although they suffer great discomfort and even torture, are still not in great danger of early fatal results. When a physician has on hand cases of acute fevers and other such pressing work we could hardly expect him to give much thought to a case of chronic eczema or one of psoriasis. The whole field of medicine is entirely too great for one man to cover thoroughly, hence some parts must be neglected. We are not surprised then that chronic cases and simple blemishes are neglected. But these chronic cases are generally the ones requiring careful individual study to be able to overcome them. This attention the man in general practice can hardly hope to give them, and here is where the specialist comes in. His limited field of work affords him time and opportunity to give this thoughtful attention required for success. Moreover many skin diseases run a fatal course, unless skillfully treated. Others cause an endless amount of suffering if not properly understood and treated with skill. Many cases of epithelioma have been allowed to continue until metastatic deposits took place in different parts of the body, and cure became impossible, when it could have been readily cured earlier. Lupus vulgaris—fortunately not a very frequent disease in our western country at least—causes hideous deformities when affecting the face, which is its favorite location. Yet this may be readily cured and this distress avoided.

Lichen planus causes intolerable itching and continues its course for



many years if not skillfully treated. It was formerly classed as an incurable disease, but thanks to modern therapy it is now placed in the other list; but requires thorough understanding and skillful treatment to bring about a cure. Passing now to more common diseases, we see many cases of chronic eczema, which have run on for years and been called incurable, but when carefully studied and treated with a thorough understanding of the case there are extremely few which can not be cured. Another common disease is psoriasis. This disease is very frequently classed as incurable, but nearly all cases can be caused to disappear and the patient can be taught to prevent any great amount of return of the eruption. These chronic cases are the ones which do so much to fill the coffers of the charlatan and encourage him in his advertising efforts.

We have heretofore considered leprosy as a foreign disease and only interesting us as a curiosity but since the Philippines and Hawaii have become a part of our domain and our soldiers pass back and forth, and communication between the people of the states and the islands becomes more general, we are liable to have developments of this disease anywhere in America. As a matter of fact, cases are known now to exist in probably half the states of the Union. In view of this fact, we are glad to know that some ray of hope is held out for a cure of this disease. I understand a case has been dismissed, cured, from the Leper colony of Louisiana, by Dr. Dyer, who is regarded now as the most competent authority on leprosy in America. He is quite hopeful that leprosy will follow tuberculosis into the ranks of curable diseases. We must not fail to recognize the importance of correct diagnosis, for without this we may go far astray with treatment. Some of the most startling mistakes crop out in the differential diagnosis, between syphilis and other skin diseases. These mistakes are more common in tertiary forms of the disease, and especially where no clear history can be given of syphilitic infection. These tertiary lesions may resemble tuberculosis epithelioma or a number of other skin diseases. Not long since we saw a case in which a tertiary lesion microscopically resembled epithelioma. It is needless to say that it is of the greatest importance that these cases be recognized, as treatment will be quite different, and moreover, treatment in tertiary skin lesions is nearly always successful in removing the lesions. With the careful work now being done by the specialists in cutaneous medicine we find the list of incurable diseases narrowing down to a very few, and some of these are rather congenital deformities than acquired disease.

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SOCIETY NEWS.

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**Coffey County**—I herewith send you names of members present and officers elected at organization Coffey County Medical Society at Burlington, Kansas, 3-29-06. Present: J. C. Fear, Waverly; W. H. Mathis, Waverly; C. L. Davidson, Waverly; A. K. Derry, Burlington; G. R. Noris, Burlington; H. S. Salisbury, Burlington; V. McMullin, Burlington; Wm. Monson, Burlington; B. B. Rowe, Le Roy.

Officers elected, Dr. J. C. Fear, president; Dr. H. J. Salisbury, vice president; Dr. D. B. Rowe, secretary, Dr. W. H. Mathis, treasurer; Dr. C. L. Davidson, delegate to state society. Censors: Dr. G. R. Noris, one year; Dr. V. McMullin, two years; Dr. A. K. Berry, three years.

D. B. ROWE.

Secretary.

(The above is the last county to be organized in Dr. Sawtell's district.)

**Western Kansas Medical Society** met at Oakley on April 11, The meeting was an immense success, both socially and educationally. The society now has an active membership of 14, all of whom exhibit great interest and enthusiasm.

The following program was rendered: 10 a. m. to 12 m. Papers by Drs. Winslow, and Lewis, with discussion, 12:30, Banquet. Afternoon session: The present status of the etiology, prophylaxis and treatment of surgical and traumatic shock, F. A. Carmichael. The use of rubber gloves in obstetrics, H. A. Stroup. Next meeting will be held at Goodland the second Wednesday in July.

F. A. CARMICHAEL,

Secretary.

**Clay County Medical Society** held in the parlors of Hotel Bonham, April 11th, 8 p. m. with Dr. R. J. Morton in the chair. There were eleven members and two visiting physicians present with the usual attendance of ladies.

Program: "Neurathenia," Dr. W. M. Droll, Parallel, Kansas. "Are we making sufficient advancement in internal medicine," Dr. R. A. Stewart Idana, Kansas. "Abnormalities of the urine and their significance" Dr. R. C. Harner, Green, Kansas. "News of the month," Dr. B. F. Morgan, Clay Center, Kansas. All the doctors on the program were present with good papers, making a very interesting and profitable meeting.

G. A. TULL,  
Secretary.

The Douglas County Medical Society met in the court house, Lawrence, Tuesday, April 3. Prof. Barber gave the results of his investigation with regard to Typhoid Fever in Lawrence. Having sent out cards to all the physicians in the city asking for answers to certain questions, he also consulted the public records for several years back; from data gathered therefrom it was discovered that reports by physicians in the county have been made with very little care, as there was not a physician present who would stand for the showing, especially a death rate of 50 per cent. All present seemed to agree that the greatest mortality was at an age a little earlier than middle life. The statistics compiled by Prof. Barber did not prove this to be true. Dr. Sudler gave a report of an epidemic of Typhoid Fever in Utica, New York in 1905, showing that in 1300 cases reported the death rate was only  $6\frac{1}{2}$  per cent. Dr. Blair followed with a report of a typhoid epidemic in Pennsylvania the same year. About 1300 cases were reported in this epidemic with a death rate of  $6\frac{1}{2}$  per cent. In nearly every case polluted water was the cause of the outbreak.

E. J. BLAIR, Secretary.

The Shawnee County Medical Society held its regular monthly meeting at the National Hotel, Topeka, April 2, 1906. It was one of the largest and most enthusiastic meetings held for many months. Members present: Doctors Peer, Greenfield, N. J. Taylor, Berryton, Brockett, Johnson, R. E. and W. E. McVey, Schukertz, Yates, Hammel, Adams, Ashton, J. E. and Geo. Minney, Davis, Mitchell, Power, S. E. Smith of Grantville Esterly, Stores, Magee, Wehe, Harner, Ernest, Eastman, Barnes, Outland and Judd. Visitors present: Mrs. Dr. F. J. Ernest, Doctors Richter, and Crumbine, and Mr. Schwanx, Mr. Carter and Mr. Jenkins. The meeting was called to order by the president, Dr. O. P. Davis. Minutes of last meeting were read and approved. Dr. Ida C. Barnes read a very interesting paper entitled, "The value of electro therapy in gynecology." Doctors Adams and Ernest reported several interesting cases. The county constitution and by laws were adopted with some amendments to the same.

The chief amendment was in regard to a member exploiting himself in the public press. The following delegates were elected: B. D. Eastman, M. D.; C. A. McMcGuire, M. D. and R. S. Magee, M. D. Alternates: W. A. Wehe, M. D.; R. E. McVey, M. D. and E. M. Brockett, M. D. The committee on public health and legislation is as follows: W. E. McVey, M. D.; W. A. Wehe, M. D. and B. D. Eastman, M. D.; Committee of Censors: W. C. McDonaugh, M. D.; R. S. Magee, M. D.; and Ida C. Barnes, M. D. New members elected: S. J. Crumbine, M. D. and H. Richter, M. D. New members elected in March: John H. Outland, M. D.; J. B. Tower, M. D.; S. A. Hammel, M. D. and W. F. Bowen, M. D.

CORBAN E. JUDD,  
Secretary.

**Sumner County Medical Society**—Programme for March 9: A case of Laryngeal Diphtheria, Dr. Cobean; Results of a case of Minor Surgery, Dr. Martin; The Fracture of lower extremity of the Humerus, Dr. Neel, Sr., A Burn—New ideas of treatment—report of a case, Dr. Emerson; Thigh amputation—no ligature—age 79—recovery, Dr. Shelley; Piles treated by injection, Dr. Spitler; Report of an unusual case, Dr. Rae; Epithelioma? presents a case, Dr. Hoke; Cystitis, Dr. Harmon; A case of Typhoid fever, Dr. Hollingsworth; Fistula of Lacrimal Sac—different treatments, Dr. Jamieson; Gastric Ulcer, Dr. Halliday; An interesting case occurring in the practice of obstetrics, Dr. Morton; A case of leukemia, Dr. Owens; A case of diabetes militus, Dr. J. J. Sippy; Dr. J. C. Roob of Ashton was made a member. A resolution against prevailing rates for insurance examinations was passed. A splendid meeting.

T. H. JAMIESON,  
Secretary.

**Wilson County** met at Fredonia, Kansas, February 13. Called to order by President Duncan. The secretary being absent Dr. O. D. Sharpe of Neodesha was appointed by president as secretary pro tempore. Paper, Dr. A. C. Flack, Fredonia on treatment of lobar pneumonia; discussed thoroughly by Drs. Allen, Day, Niby, Sharpe, and Duncon. Paper, Dr. F. M. Wiley, Fredonia, on "Chronic Pulmonary Tuberculosis," dwelling especially on the early symptoms, great importance of an early diagnosis and the early treatment of same. discussed Drs. Day, Allen, Sharpe, Flues, and Duncan. The program committee made the following report for our next meeting: Treatment of Consumption and its prevention, by Dr. O. D. Sayre of Neodesha. Dr. F. M. Wiley to open the discussion following. Catarrhal Pneumonia by Dr. J. C. Preston, Buffalo, Kansas.



Management of Normal Labor by Dr. B. R. Riley, Coyville. By order of society the next regular meeting will be held at Fredonia. Adjourned by motion.

O. D. SHARP, M. D.,  
Sec. Pro tem.

At our December meeting the following officers were elected for the ensuing year: President, E. C. Duncan; M. D., Fredonia; Vice President, J. M. Robinson M. D., Altoona; Secretary and Treasurer, E. N. Martin, M. D., Benedict.

E. N. MARTIN,  
Secretary and Treasurer.

**Wilson County**—I have seen nothing from our county for a long time in our state Journal. I don't know who is to blame for this, but I hope to see our meetings reported every sixty days hereafter.

We organized the Wilson County Medical Society about five years ago, and had to struggle hard for existence for a good while. Two years ago we affiliated with the State Society and since that time have enlisted most of the physicians in the county. We meet every 60 days, and usually have a good attendance. Yesterday (April 10th) the society met at Fredonia with a small but enthusiastic crowd, there being Drs. A. P. Williams, and Sharp from Neodesha, Mr. Martin from Benedict, and Dr. Riley from Coyville, besides the local members of the society, viz. Drs. Flack, Duncan and Wiley.

Dr. Sharp read a paper on the prevention and treatment of Consumption, which was freely discussed by all present. We then had a business session at which we discussed the advisability of adopting some sort of a fee bill. One which had been presented some time ago was finally adopted with some slight changes. The most important feature was the adoption of that part of the fee bill making day visits within the city limits \$1.50 and night visits \$2.00. The clause making the examinations for fraternal companies \$2.00 instead of \$1.00 caused some little discussion, but will probably be adopted at our next meeting. Just this afternoon I was talking to a representative of one of the larger fraternal companies, and he expressed the belief that Doctors were getting plenty. He stated that he knew doctors who were making examinations for 50 cents, and further stated that they were reputable physicians too. He said they sometimes "bunched them with the solicitor" and made them for 50 cents. He gave me the names of two physicians in a neighboring town who did this thing occasionally. I offered him 50 cents a name for all he could think of that were selling their services for much a pittance. My idea was to print their names in the State Journal. But I could get but two names

at this time I concluded to wait until later to publish their names. Isn't it a shame that an otherwise reputable physician will come down to making insurance examinations for 50 cents? This cutting prices is only one of many, many evils that obstruct our progress.

I think every county society should appoint a correspondent whose duty it would be to report every meeting of our local societies to the State Journal, and other things happening in our respective counties of interest medically. I notice our President and Secretary of three years ago are still reported in the Journal as being the active officers at our society at the present time!

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**Lyon County**—The 24th annual meeting of the Lyon County Medical society was held at Emporia on April 3 with a large and enthusiastic attendance. The members listened to a very able address by the retiring president, Dr. J. B. Brickett of Americus. Two new members were admitted, viz: Dr. J. S. Harvey, of Dunlap and Dr. T. C. Hinkle of Emporia. After the business meeting the members repaired to the Mitway hotel where a banquet and "toasts" by all present were indulged in. Following are the officer for the ensuing year: President, O. J. Corbett; vice president, D. L. Morgan; secretary and treasurer, J. M. Parrington, all of Emporia.

Sincerely,

J. M. PARRINGTON.

**Labette County**—At the request of Dr. C. S. Huffman, I am herewith reporting the initial meeting and organization of the Labette County Medical Society which you may desire to publish in the next number of the Journal of the Kansas Medical Society.

Two visiting physicians were present, Dr. Huffman, Secretary of the State Society, and Dr. Jarrett, Councilor, of Ft. Scott. The meeting was called at 8:30 p. m. April 4, 1906, at Parsons. The following charter members were present: J. M. Kaiser, E. E. Liggett, George S. Liggett, L. B. Kackley, H. C. Markham, B. T. Allison, R. M. Bennett, C. F. Brady, M. L. Perry, C. Hubbard, and A. L. Skoog.

Dr. Kaiser was chosen temporary chairman. After a short address from Dr. Huffman and Dr. Jarrett, followed by a short discussion by various members, it was decided to organize and elect officers at once. The following officers were nominated and elected: President, J. M. Kaiser, Parsons; Vice President, George S. Liggett, Oswego; Treasurer and Secretary, A. L. Skoog, Parsons; Board of Censors: three year term, M. L. Perry; two year term, E. E. Liggett; one year term, R. M. Bennett.

A motion was made and carried that a delegate to the State Society be elected at the next meeting. A constitution and bylaws, as formulated

by the National Society, was adopted with a few minor changes. An application to the State Society for a charter will be made at once. Parsons was selected as the regular meeting place on the second Wednesday of each month. The first meeting was a very enthusiastic one, and the society has a promising future.'

A. L. SKOOG,  
Secretary and Treasurer.

**Oklahoma**—The Spring session of the Central Oklahoma Medical Association was held at Chickasha, Indian Territory, Tuesday, April 17th, 1906. Morning, Afternoon and Evening sessions. Program: The older vs. the Newer Therapeutics, J. E. Stinson, Chickasha. Pneumonia, C. S. Bobo, Norman. Nervous Manifestations as an Index of Diseases in Infancy and Childhood, O. P. Kernodle, Enid. Simultaneous Existence of Extra—and Intra—Uterine Pregnancy, D. W. Basham, Wichita, Kansas. Shall We Use the Alkaloids? E. D. Meeker, Lawton. Albuminuric Pregnancy with Report of cases, C. M. Holcomb, Winfield, Kansas. Some Points of Cancer of the Breast with Description of a new Technic for Amputation, Jabez N. Jackson, Kansas City, Mo. Our Duty to our Primiparae, A. B. Leeds, Chickasha. Adenoids—The Dangers of Delay in Diagnosis and Treatment, E. S. Ferguson, Oklahoma City. Chronic Suppuration of the Middle Ear, J. H. Barnes, Helena. Cancerous Degeneration, D. A. Myers, Lawton. Secret Preparations—What Shall we do? E. S. Lain, Weatherford. Minor Gynaecology, Chas. P. Brown, Chickasha. Tumors and diseases of the Parotid Gland, Horace Reed, Guthrie. Non-Tubercular Hemorrhages of the Air Passages W. T. Salmon, Oklahoma City. Our Side of Life, J. H. Medaris, Helena. Meningocele—Report of Case, Walter Peniquite, Chickasha.

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## NEWS AND NOTES.

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The Association of American Medical Colleges met at the Fort Pitt Hotel in Pittsburg on March 19. Thirty colleges out of a membership of 59 were represented. Dr. W. S. Lindsay represented Washburn, Dr. G. H. Hoxie, the University of Kansas, and Dr. S. C. James the University Medical College of Kansas City, (Mo). It was the sense of the meeting that no time credit be allowed for work in non-medical schools for the A. B. or

B. S. degrees, but that four full years of residence be required of all candidates for the M. D. The new officers are: President, G. M. Kober, Washington, D. C.; First Vice President, Waite, Cleveland, Ohio; Secretary, F. C. Zapfe, Chicago. The new members of the judicial council are: Edw. Long of Buffalo; B. D. Myers, of Bloomington, Ind.; and Flint of California. The University of Minnesota, Chicago (Rush), Northwestern University and Syracuse University have withdrawn from the Association.

**Kansas** receives 718 copies of the Journal of the A. M. A. according to the count made January 1, 1906. Nebraska has 616, Colorado 619, Missouri 1484, Iowa 1391, Oklahoma 209, Indian Territory 166.

**The Legislative Schemes** of the American Medical Association are being attacked vigorously by interested parties. Thus a reprint has been sent us by the Lyman D. Morse Adv. Agency (which controls the advertising of Crittenton & Co. now appearing in our columns) from the National Druggist of St. Louis, attacking the pure food legislation. Naturally we are for pure food legislation and we urge every one of our readers to use his influence with our lawmakers to see that pure food laws are established. Therefore we believe that the attempt to vilify the movement for pure food legislations is contemptible on the one hand and detrimental to the public welfare on the other. The opposition to the movement is *prima facie* evidence that the opponent is a "grafter"—a thing hated by Kansans.

**Preliminary Program** of the Ninth Annual Meeting of the American Gastro-Enterological Association to be held at Boston, Massachusetts, June 4 and 5, 1906. 1. President's Address, The Mutual Obligations of the Surgeons and Internists in the Proper Development of Gastric Surgery. H. W. Bettman, Cincinnati. 2. Remarks on Bauh's Disease, Max Eienhorn, New York. 3. Demonstration of Gastric and Intestinal Movements, W. B. Cannon, Boston. 4, The Kidney in Gastro Enterology, A. L. Benedict, Buffalo. 5, Paper, Franklin W. White, Boston. 6. A Further Consideration of the Gastro Intestinal Disturbances Associated with Migraine, J. A. Lichty, Pittsburg. 7, Hypersecretion, Associated with Cirrhosis of the Liver. H. F. Hewes, Boston. 8, On the Influence of Rest, Exercise and Sleep on Gastric Digestion, Julius Friedenwald, Baltimore. 9, A case of Hyperplastic Colitis; Extirpation of the Entire Colon, the Upper Portion of the Sigmoid Flexure and four inches of the Ileum, Morris Manges, New York. 10, A Case of Pyloric Stenosis in a Child of Five Years, S. W. Lambert, New York. 11, Recent Studies in the Diagnosis of Gastric Ulcer,



J. C. Hemmeter, Baltimore. 12, Gastric Ulcer in Childhood, Harry Adler, New York. 13, Further Remarks on the Treatment of Chronic Round Ulcer of the Stomach, F. H. Murdock, Pittsburg. 14, Spontaneous Rupture on the Colon from Violent Peristalsis, with Report of Fatal Case, G. Case, G. W. McCaskey, Ft. Wayne. 15, Habitual Constipation Viewed from the Standpoint of Modern Evolution of Dietetics is a Physiological Phenomenon, V. D. Spivak, Denver.

**Diseases of Metabolism and of the Blood, Animal Parasites, Toxicology**, edited by Richard C. Cabot, M. D., instructor in clinical medicine in the medical school of Harvard University. One colored plate and 58 illustrations in the text. Cloth, 8 vo., Pp 649. New York, D. Appleton & Co., 1906.

This volume is one of a series of translations from the German of the well known *Die deutsche Klinik*, under the supervision of Dr. Julius L. Salinger, of Philadelphia. It is printed on the best quality of highly calendered paper and weighs several pounds. The mechanical work is excellent.

The first article is on the quantitative analysis of disturbances of nutrition in the clinic by W. Weintraub of Weisbaden. In this we have looked in vain for any mention of the newer work of Crittenton,—which will probably make all the elaborate studies of Voit's results out of date. The second article is by Carl von Noorden, lately called to Vienna from Frankfort, and is entitled, *Over and Under Nutrition*. Von Noorden's work is always good and worth keeping for ready reference. Diabetes mellitus is discussed by B. Naunyn of Strausburg; diabetes insipidus by D. Gerhardt of Strassburg. W. Ebenstein of Goettingen has Gout and also Obesity. C. A. Ewald of Berlin writes on Myxedema with special reference to organotherapy. His remarks on the effects of the prolonged use of thyroid extract are valuable for reference. Reiss of Berlin discusses Addison's Disease. Benda of Berlin gives Acromegaly. His of Basel writes on chronic articular rheumatism. His article is well illustrated and recommends Bier's hyperaemia. Pentosuria is a subject much neglected by otherwise well informed internists; but is shown to be an important condition by Blumenthal of Berlin. Lazarus of Berlin writes on Blood and blood examinations, and furnishes among his illustrations a colored plate of the various form elements. Ehrlich and Lazarus write on the anemias; Brawitz on Chlorosis. W. von Leube of Wuerzburg gives Leukemia; and Senator (Berlin) Pseudo-leukemia. The hemorrhagic diatheses are described by Litten of Berlin. Peiper of Griefswald in writing of the animal parasites of man fails to note the importance of the trichomonads as so clearly demonstrated by our own Frank Hall. R. V. Jaksch of Prague

gives as the final article, *The Important Poisons and Their Treatment*, wherein he make a summary of toxicology.

In general we find the book important as a reference work, one that must not be overlooked by any physician making pretension to an extensive library, but not well adapted for use as a manual by general practitioners too busy to go deeply into their cases.

**It is well** for every physician to know several books well adapted for the instruction of the lay reader,—books which he can recommend to give details of home care and treatment of his patients. We have mentioned several in these columns concerning motherhood. Lately we have had the opportunity of reading Dr. Kapp's *The Daughter*, (published by F. A. Davis & Co., of Philadelphia). The work in this manual seems well done. It will help many a physician to spur on well meaning but negligent mothers to a better oversight of their children's welfare.

**The Diseases of Infancy and Childhood**, by L. Emmett Holt, M. D., Sc. D., LL.D., Professor of diseases of children in Columbia University, New York City, Cloth, 8 vo. pp. 1174, 241 illustrations including 8 colored plates. Third edition. New York, D. Appleton & Co., 1906.

It would be a work of supererogation for us to criticize this book; because the verdict of popular approval has been rendered stating that it meets successfully the demands of practical men in both town and country. This third edition introduces new illustrations; and important changes in the chapters on examination of the sick child, hypertrophic stenosis of the pylorus, diarrhoeal diseases and dysentery, vaginitis, cerebro-spinal meningitis, mental defects, chondro-dystrophy, status lymphaticus, and diphtheria. It has seemed to us that practically every physician who has prepared articles for the *Journal on pediatrics* has obtained his statistics and most of his opinions from Holt. We therefore congratulate our colleagues upon having a revision of so authoritative text book. Holt still believes that drugs are practically useless in rickets; where for instance Koplik recommends the emulsion of cod liver oil with the hypophosphites of lime and soda. This one illustration will perhaps suffice to demonstrate the difference between these two very important texts. Holt gives little or no medicine, Koplik usually recommends one or more drugs.

**The Lyman D. Morse** advertising agency has changed its name to the Morse International Agency and its location to the Revillon Building, 19 W. 34th St., New York City.

Abbe.

Rochester, N. Y., March 22, 1906.

A little more than a year ago there died in Jena, that world famous

town, Professor Ernst Abbe, who has had no small share in making Jena so well known to the entire civilized world.

At the time of his death, papers and magazines contained full accounts of the life and work of this truly remarkable man, reciting in detail his numerous contributions to science and his successful experiments in organizing an industrial enterprise upon distinctively new lines.

Since that time the feeling that here was a man whose work has been for the good of mankind and whose memory should be fittingly honored, gathered strength until there was appointed a committee to take charge of soliciting funds for the purpose of erecting in his native town, between the Volkshaus erected by him and the Zeiss Works, a statue as a memorial.

The names of a number of American scientists and business men who had had dealings with the Zeiss Works were included in the committee named. We in America seem very far off from the little German town where the little statue to Abbe is to be placed; and one might think it of little account whether we help to erect the statue or not. But this is a unique occasion, as Abbe was a unique man, and most of us who know anything at all about him will consider it a privilege to be able to contribute, be it ever so small a sum, to the statue that is to perpetuate his form to posterity.

The undersigned have for many years had business relations with Professor Abbe through the Carl Zeiss Works. They have, therefore, a strong desire, a desire tinged by personal acquaintance, to see America well represented in this memorial. They believe that many will be glad to avail themselves of the opportunity of giving something to show their appreciation of the great work done by Abbe and in order that such opportunity may not be wanting they have arranged, with the consent of the other members, to act as secretary and treasurer of the American committee to solicit funds for this purpose.

Under date of February 25th the American Microscopical Society issued a circular letter appealing to their members to aid in this movement. We would state that we have no desire to interfere in any way with the collections that might be made by the Society, in fact we would urge, since our purpose is only to help increase the fund, that all contributions of members or others interested in the Society be sent direct to them since it is eminently fitting that such an organization should make as good a showing as possible.

We urgently request all others who are interested to send contributions to us, be they large or small, and ask all to assist by giving as much publicity as possible to the scheme. and by endeavoring to arouse interest and enthusiasm in the project.

We shall make personal acknowledgment immediately upon receipt of contributions and shall publish list of contributors as soon as the total amount is forwarded to Germany.

BAUSCH & LOMB OPTICAL CO.

**Annual Report of the Surgeon-General of the Public Health and Marine Hospital Service of the United States** for the fiscal year 1905. Washington, Government Printing Office, 1906. Small 8vo. pp. 458.

This report shows far-sighted and helpful work being done by this Service under the leadership of General Wyman. In particular we would call attention to the work of the hygienic laboratory on the antitoxin unit, vaccine virus, spotted fever (in Bitter Root Valley of Montana), the nitrites, alcohol, a new quinine derivative,—as well as to the work of the service in blotting out the yellow fever epidemic in New Orleans. The report contains several valuable contributions to medical literature,—especially the post mortem studies.

**Blakiston's Quiz Compend—Obstetrics**, originally written by H. G. Landis of Starling Medical College, but revised and brought down to date by W. H. Wells of Jefferson Medical College, Eighth edition, 1906. Price \$1.00. P. Blakiston's Son & Company, 1012 Walnut St., Philadelphia. We do not like compends made up with questions and answers since we believe that that system is too elementary for even the "flunkers" of our day who use such books. We do like, however, concise summaries of the various subjects and believe that the latter will do us all good to look over now and then. This book for one of its kind seems very attractive.

**The Bloodless Phlebotomist** published by the Denver Chemical Company, makers of Antiphlogistine appeared again in April. It is a little booklet of 24 pages and cover devoting to the arguments for the use of Antiphlogistine. It contains however several contributions of well known Dr. F. D. Crothers writes on delirium tremens, and Daniel Lewis on the yellow fever epidemic. In this way Dr. Baketel has made a journal worth looking over whenever it comes to our desks.

**The Examination of the Function of the Intestines by Means of the Test-Diet.** Its application in Medical Practice and its Diagnosis and Therapeutic Value. By. Prof. Dr. Adolf Schmidt, physician-in-chief of the City Hospital Friedrichstadt in Dresden. Authorized Translation from the latest German Edition, by Charles D. Aaron, M. D., Professor of Diseases of the Stomach and Intestines in the Detroit Post-Graduate School of Medicine; Clinical Professor of Gastro-enterology in the De-



troit College of Medicine; Consulting Gastro-enterologist to Harper Hospital, etc. With a frontispiece Plate in Colors. Crown Octavo, 91 Pages, Extra Cloth. Price \$1.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

Uriseptin Again.

Chicago, April 10, 1906.

Editor Journal of the Kansas Medical Society.

Lawrence, Kansas.

Dear Sir: We have noted page 176 of your April Journal. If this is a fake, we certainly are the ones imposed upon. I will relate the facts, and leave the matter with you. On December 11, 1905, we received the original of the paper commented upon. It was written in pen and ink, the letter head which reads as follows:

Prof. Elect Diseases of Women  
Cook Medical College.  
Director Co. O. Ass'n. P. P. C. & Mfrs.  
Pres. Physicians Protective Society,  
Member Board of Medical Examiners for  
P. & S. Society of Kansas.  
Member National Union Medical Society  
and Medical Liberty League.  
Med. Examiner, K. C. Life Ins. Co. Etc.

Richard Ray, M. D., Ph. D.  
1023 Campbell St.,  
Kansas City, Mo.

This paper was signed by "R. Ray, M. D., Mansas City, Mo." and inscribed, "Read at the monthly meeting of the Sec'y of Physicians and Surgeons of the State of Kansas.

It was received while the writer was out of town, and the following letter was sent to Dr. Ray.

Dr. R. RAY,  
Kansas City, Mo.

Dear Doctor:—

Your letter and article of Dec. 11th received. Mr. Gardner is out of the city at present, and will return in a week or ten days. In the meantime, I will forward mail to him, and he will undoubtedly communicate with you. Will you kindly let me know at which monthly meeting of the Society of Physicians and Surgeons of the State of Kansas your paper was read, so that we may have data for submitting your paper for publication.

Yours respectfully,

April 11, 1906.

Editor Jour. of the Kas. Med. Soc'y, No. 2.

The original was returned with notation at the bottom, "December meeting, 1905." and signed by R. Ray, M. D. As the article seemed to be straight forward, and there was no reason to suspect anyone in connection with it, we had no hesitation in sending it out. These are all the facts in the case. We have, this day, sent a letter, of which the following is a copy, to Dr. Ray, and will submit his answer as soon as it is received.

Dr. R. RAY,  
Kansas City, Mo.

Dear Doctor:—

Claims have been made that you did not read the paper on Uric Acid and its Elimination before the December meeting of the Society of Physicians and Surgeons of the State of Kansas. Will you kindly send us documentary evidence that this has been done?

Yours truly,

GARDNER-BARADA CHEMICAL CO.

I surmise from Dr. Hayes' published letter, that there is no Society of Physicians and Surgeons of the state of Kansas. If this is a fake we are the ones who have been imposed upon, and we shall see if it is possible to obtain any redress. If you find that our position is correct, kindly acquit us in your Journal of having faked the pamphlet.

Yours truly,

FRANK E. GARDNER,  
GARDNER-BARADA CHEMICAL CO.

Following is Dr. Ray's answer. (He evidently has changed his mind since he talked to Dr. Hoxie over the 'phone):

GARDNER & BARADA,  
Chicago, Ills.

Gentlemen:

Dr. B. B. Ralph, has just informed me that the claim has been made to you that there is no such Medical Society as the Physicians and Surgeons Society of the State of Kansas, and to convince you that such a society **DOES** exist, I am enclosing you the impression of the corporation seal, cut from one of the society's certificates of membership, which certificate was issued June 19th, 1901. (Please return same.) You will also find the Society listed under Medical Societies of Kansas in Polk's Medical Register of Physicians and Surgeons, Etc., issue of 1902, and possibly in the 1900 issue also. It was formerly known as the Kansas State Physio-Medical Society, and as such is listed in Polk, 1904, page 756. An impression of the seal of this Society I also send you. All holding certificate in the P.-M. Society now hold certificates in the P. and S. Society of the State of Kansas. In fact the two societies were merged into one and is now and has been, since the consolidation, the Physicians and Surgeons Society of the State of Kansas. A word in explanation may not be amiss here. The Physicians and Surgeons Society of the State of Kansas is composed of Physio-Medicals, Homeopaths and Eclectics, and was organized to fight against the unjust legislation as advocated by the Alloepaths, or **REGULARS** (?) as they choose to style themselves. Hence you can readily understand where the "Knock comes from, and it is necessary for me to say no more. If you will furnish me with the names and addresses of the physicians who are maliciously misrepresenting matters, and also refer all future letters of that nature to me, I think I can induce them to retract any damaging or uncomplimentary statements they have made against the Society, my article or myself.

Regretting very much that anything of an unpleasant nature should have occurred in our relations, and trusting that this, and my former letter, will show where the blame lies and vindicate me in your eyes, I am very respectfully,

R. RAY, M. D.

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As an **Alterative** the superiority of Syrup Trifolium Compound with Cascara must be apparent when its composition is noted: Each fluid ounce

contains the active constituents of Red Clover Blossoms, 32 grains; Lappa 16 grains; Berberis Aquilolium, 26 grains; Xanthoxylum, 4 grains; Stillingia, 16 grains; Phytolacca Root, 16 grains; Cascara Amarga, 16 grains; Potassium Iodide, 8 grains; and Cascara Sagrada, 40 grains. The dose is from one to two teaspoonfuls, three times a day.

While it is particularly indicated in the treatment of secondary syphilis; with or without mercury, Syrup Trifolium Compound with Cascara commends itself as a general alterative. In skin diseases it evidently stimulates the action of the emunctories, adjusts the balance of waste and repair, and produces marked improvement. Many eruptive diseases are aggravated by constipation, induced by sedentary habits, and in such cases Syrup Trifolium Compound with Cascara P. D. & Co. may be regarded almost as a specific. While regulating the bowels and restoring natural peristalsis, it continues to exercise its alterative effect, which is enhanced by the elimination of waste products. In psoriasis and eczema it may be found effective when other measures produce indifferent results.

In strenuous cases its favorable effect may be supplemented by combinations of iodide of arsenic, bichloride of mercury, sulphide of calcium, or iron. As it is easily borne by the stomach and pleasant to the taste it may be taken by children for a long time without giving rise to derangement of the stomach or producing nausea.

It also proves useful as a vehicle for calcium iodide in the case of adolescents; iodide of mercury in specific ulceration of the cauces; and for the administration of large doses of iodide of potassium in tertiary syphilis. In anemia, chlorosis, amengorrhœa, etc., the most favorable results are produced by altering it with some iron preparation. (Adv.)

**The Role of Iron in the Nutritive Process**—It has been an established custom of physicians to administer iron whenever a patient with pale, waxy, or sallow complexion complains of extreme exhaustion, muscular feebleness, easily accelerated pulse, aphasia, anorexia, and the several symptoms which constitute the characteristic issues of a qualitative reduction of the corpuscular elements of the blood.

Such symptoms are unerring indications of anemia, and iron is beyond dispute a cure for that disorder. But while the chief therapeutic property of iron is that of an anti-anemic, the subordinate, or collateral, effects of the drug are manifold, and are worthy of far more consideration than they usually receive.

As a hemoglobin contributor and multiplier of red blood corpuscles, iron will doubtless forever stand supreme, but its utility is by no means restricted to anemic conditions, for one of the chief effects of iron—one quite often lost sight of—is the influence upon nutrition.

The primary effect of iron is a stimulation of the blood supply. The results from invigoration of the blood vessels. As a consequence of a more active blood stream, the digestive capacity is increased and the nutritive processes are correspondingly improved. Subsequently, iron increases the amount of hemoglobin contained in the red corpuscles. This imported hemoglobin converts the systemic oxygen into ozone, and thuswise oxidation, upon which nutrition directly depends, is restored to its proper standard.

It is impossible to emphasize the fact too strongly that it is necessary to do more than increase the appetite to correct nutritive disturbances. A voracious appetite does not necessarily imply that extensive appropriation of nutriment. On the contrary, it is commonly observed that individuals who eat ravenously suffer the while, a progressive loss in physical weight and strength, even in the absence of all exertions that might account for such losses. And while it is obviously needful to relieve the existing anorexia in order to arrest a loss of weight, it is likewise essential that the capacity to properly digest food be fully restored before the nutritive processes can proceed in befitting order.

The manner in which iron begets an increase in appetite has only recently been perfectly understood. The earlier observers entertained the belief that an increase in appetite resulted from the mechanical effect of iron, and that this mechanical effect was never manifested itself unless the drug was administered in some acid form. Later investigations advanced the theory that this mechanical effect could be secured by rendering the drug either strongly acid or alkaline. Recent observations have completely disproved the accuracy of both of those theories by inviting our attention to the indisputable fact that a neutral preparation of iron will relieve anorexia with greater celerity than will either an acid or an alkaline one. From the information gained from these observations, we are impelled to admit that the increase in appetite attending the employment of iron is due solely to the increased oxidation induced by its entrance into the blood stream. Accepting this as being true, we can readily understand the manner in which iron exerts its happy effect upon the nutritive processes.

The aforestated facts compel the admission that that preparation of iron which enters most rapidly into the blood stream is the one capable of producing the best results in all disturbances of nutrition. Acid preparations of iron diminish the alkalinity of the blood, thus depressing the distribution of nutriment, and alkaline preparations of the drug offend the mucous lining of the alimentary tract. For these reasons it is consistent with logic to extend preferment to that preparation of iron which is neutral in reaction. That preparation is the Pepto-Mangan (Gude.)

Pepto-Mangan (Gude) is unquestionably the form of iron most closely



resembling that which is native to the economy and the striking affinity for it displaying by the circulating fluid causes us to concede that it possesses desirable attributes not common to any other preparation of the drug. Whence we take it that it is the precise form in which to administer iron when a correction of nutritive deficiencies is the end to be achieved.

In those conditions of weakened digestive power where the function is unable properly to take case of the food supply; when to administer the ordinary forms of iron would be but to increase the digestive disturbance, Pepto-Mangan (Gude) may be prescribed without apprehension, as the preparation is tolerated by the weakest stomach. Being practically predigested, Pepto-Mangan is immediately absorbed by the mucous membrane and taken up by the blood without the necessity of the weakened function being called upon to prepare it for assimilation, and therefore the entire system, including the digestive function, is strengthened and reconstructed. As a nutrient tonic in digestive disorders Pepto-Mangan (Gude) has no equal. (Adv.)

The practice of medicine today without at least the rudiments of a laboratory is quackery. The physician who says that he has no time for laboratory diagnosis is (unless he employ a laboratory worker) guilty of debauching his profession,—and often doubtless of manslaughter. We have now very good systems of analysis for the blood, urine, stomach contents, and sputum. The feces however, are not being examined by the average physician as carefully as they ought to be,—largely because the most of us don't know how even if we can overcome our repugnance.

We advise therefore, the study of Prof. Schmidt's booklet. It will at least lead us to more satisfactory diagnosis even if we do not adopt his methods in their entirety. But his method takes (after learning how) only ten minutes for an examination. Certainly its simplicity commends it.

# The Journal

OF

The Kansas Medical Society

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Volume VI

June 1, 1906

Number 6

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## FORTIETH ANNUAL MEETING.

of the

Kansas Medical Society.

### MEETING OF HOUSE OF DELEGATES.

The meeting was called to order by the President, Dr. C. E. Bowers, two o'clock p. m., May 9th, 1906, in Steinberg's Hall, Topeka, Kansas.

The roll of the delegates was called, there being twenty present.

On motion of Dr. L. H. Munn, the reading of the minutes of the previous meeting was dispensed with, and they were approved, as published in the Journal.

The Secretary's report was read, and on motion of Dr. Munn was received.

#### SECRETARY'S REPORT.

I beg leave to submit the following report to the House of Delegates:

Since making my report one year ago, fifteen new organizations have been made. At that time there were forty-nine organized County and District Societies. Now there are sixty-four. We have four multiple County organizations, namely.—“Norton and Decatur” composed of two counties, “The Western Kansas,” composed of six counties, “The South West District,” which is composed of twenty-four of the sparsely settled counties in the southwestern part of the State, “Rawlins and Cheyenne” composed of two counties. This make a group of total of ninety-four counties, out of the one hundred and five counties in the State, that are organized.

In the First Councilor District, every county is organized.

In the Second Councilor District all are organized except Woodson County.

In the Third Councilor District, every county is organized.

In the Fourth Councilor District, every county is organized except Chautauqua and Barber.

In the Fifth Councilor District, every county is organized except Morris.

The Sixth Councilor District, is one Multiple County Society.

In the Seventh Councilor District, all are organized and reported except Franklin, which is organized but not reported.

In the Eighth Councilor District, there remains to be organized, Lincoln, Ellsworth, Russell, Ellis, Graham, and Trego.

This leaves only eleven Counties in the State to be organized.

To summarize.

Total number of County and Multiple County Societies.....	64
Total number of Counties organized.....	94
Total number of Counties not organized.....	11
Members who have paid their dues for 1906.....	779
Total membership on Society Books.....	1202
Amount of dues collected during the past year.....	\$2293.95
Amount turned over to Dr. L. H. Munn, Treasurer.....	\$2293.95
Amount in Dr. L. H. Munn's hands at last report.....	1963.95

Total .....	\$4257.90
Amount paid out in warrants.....	\$ 877.19
Balance in hands of Treasurer.....	3380.71

Respectfully submitted,

CHAS. S. HUFFMAN, Secretary.

Examined and found correct.

H. L. ALKIRE,

C. C. GODDARD,

Auditing Committee.

The Treasurer's report was read, and on motion of Dr. Goddard the same was received.

#### TREASURER'S REPORT.

I have the honor to submit the following report:

Cash on hand May 4th, 1905.....	\$1963.93
Cash received from Chas. Huffman, Sec., from May 8th, 1905 to May 8th, 1906.	2293.93
Cash paid out by voucher ordered by the President and Secretary for the year ending May 8th, 1906.....	875.17
Leaving balance in treasury.....	3382.71

Respectfully,

L. H. MUNN, Treasurer.

Found Correct:

H. L. ALKIRE,

C. C. GODDARD,

Auditing Committee.

The Editor's report was read, and on motion of Dr. Alkire the same was placed on file.

#### REPORT OF THE JOURNAL KANSAS MEDICAL SOCIETY.

George Howard Hoxie, Editor.

Regular mailing list.....	1173
Adv'rs, hon, and libraries.....	160
Total mailing list.....	1333

## FINANCIAL REPORT 1905-6.

Receipts		Disbursements	
Balance on hand 1st of the year	\$ 47.16	Printing	\$1259.18
Advertising	1139.46	Postage	72.01
Subscription Account	23.30	Engravings	32.35
Extra Printing	24.54	Extra Printing	19.25
Postage	10.00	Advertising	12.33
Extra Advertising	32.00	Miscellaneous	22.35
Kansas Medical Society..(subs)	1300.00	Stenographer	210.00
		Machine	32.40
	<hr/>		<hr/>
	\$2576.46	Total	\$1659.87
		Balance	916.59
			<hr/>
Found Correct			\$2576.46
H. L. ALKIRE			
C. C. GODDARD			
Auditing Committee.			

**The Secretary** read a letter from the Secretary of the American Medical Association relative to the representation from the different societies.

**The Secretary** presented the following amendment:

The following change in the Constitution was recommended: Be it Resolved, That Section 3 of Article IX of the Constitution be amended to read: "The officers of this society shall be elected by the House of Delegates, on the morning of the last day of the Annual Session, and no person shall be elected to any office who is not in attendance upon the Annual Session, or who has not been a member of the Society for the past two years."

**Dr. Goddard** moved that the amendment be adopted. Seconded, and the motion prevailed.

The following amendment to the Constitution was also offered, on motion of **Dr. Goddard** was tabled.

"Section 3 of Article IX, that the words "nor councilor" be inserted after the word "delegate" in the third line; and that the word "section" in the fourth line be changed to "sections," making the section read: The officers of this Society shall be elected by the House of Delegates on the morning of the last day of the Annual Session, but no delegate "nor councilor" shall be eligible to any office named in the preceding sections of this chapter."

The following amendment to the By-Laws was also offered:

Resolved: That Section 3 of Chapter IV of By-Laws shall be amended to read, "Twenty-five delegates shall constitute a quorum."

**Dr. Sawtell** moved that the amendment be tabled. Seconded by **Dr. Munn** and motion carried.

The following resolutions was offered:

Whereas, Pharmacy should ever be the handmaid of Medicine, and

Whereas, we realize the importance of the movement in favor of pure drugs and publicity in the composition of medicinal preparations, and



Whereas, the great majority of the nostrums now being exploited in medical journals and lay publications are sold by men who have no line of legitimate pharmaceuticals, but who confine their efforts to the manufacture of certain nostrums or the sale of such nostrums manufactured for them by regular pharmaceutical houses, and

Whereas, there seems to be a tendency among certain regular manufacturing pharmacists toward such exploitation in the making and placing on the market of nostrums under the head of specialties, now, therefore, be it

Resolved, By the Kansas State Medical Society in its fortieth annual session assembled, that it deplores and discountenances the exploitation and use of nostrums as detrimental to the public health and fatal to the intimate and confidential and mutually helpful relations which should exist between the sister professions of Medicine and Pharmacy.

Resolved, That manufacturing pharmacists who have engaged to whatever extent in the making of nostrums are hereby requested to abandon such manufacture, either directly for their own trade, or for exploitation by others.

Resolved, That a copy of these resolutions be sent for publication to the Journal of the American Medical Association, and to the Pharmaceutical Era.

**Dr. Mitchell:** To get this before the house, I move the adoption of the resolution. The motion was duly seconded and carried.

**Secretary:** The following amendment is offered.

Resolved, That Section 1 of Article IX of the Constitution be changed so as to read: "The officers of this society shall be a President, three Vice Presidents, a Secretary, Treasurer, and eight Councilors."

On motion of **Dr. Eastman** the amendment was adopted.

Dr. Mitchell offered the following resolution, and moved its adoption, seconded by **Dr. Jarrett**.

Whereas, The people and medical fraternity throughout the State are continuously imposed upon by fake doctors, impostors and frauds, who prosper in their nefarious work simply because of the fact that there is no one who takes the initiative in their prosecution, therefore be it

Resolved, By the House of Delegates of the Kansas Medical Society, that we recommend to the Council of the Kansas Medical Society the employment of such legal talent as they deem necessary to prosecute all such violators of the law and that all necessary expenses be paid from the funds of the Kansas Medical Society.

After a thorough discussion of the above resolution a standing vote was taken which resulted as follows: Fifteen in favor of the resolution and ten opposed. The President declared the resolution adopted.

**President Bowers.** As there is no further business, we will stand adjourned to call of the President, which will probably be on Friday morning at eight o'clock.

**Friday Morning Session:** The meeting of the House of Delegates was called to order by President C. E. Bowers. On motion of Doctor

Goddard, counties not represented by their regular accredited representatives were permitted to have representation from any member who might be present from their county.

The following officers were elected for the ensuing year:

Dr. L. L. Uhls, Osawatomie, President.

Dr. W. F. Sawhill, Concordia, First Vice President.

Dr. J. P. Kaster, Topeka, Second Vice President.

Dr. P. S. Mitchell, Iola, Third Vice President.

Dr. L. H. Munn, Topeka, Treasurer.

Dr. S. G. Stewart, Topeka, Librarian.

Dr. C. E. Bowers, Wichita, Delegate to American Medical Association, Dr. L. Reynolds of Horton being the hold-over delegate.

Dr. F. M. Daily of Beloit was elected Councillor for the Third District for term of three years.

Dr. A. L. Cludas, was elected Councillor for the Eighth District, for term of three years.

Dr. J. E. Sawtell was elected councillor for the Seventh District for term of three years.

Dr. C. E. McCarty of Dodge City was elected Councillor of the Sixth District for term of two years.

On motion of Doctor Mitchell a committee of three was appointed to prepare amendments to our present state medical laws and present them to the next legislature for their consideration. This committee is composed of Doctors L. L. Uhls, C. C. Goddard and J. E. Sawtell.

Kansas City, Kansas, was selected as the next place of meeting.

Dr. Jabez Jackson of Kansas City, Mo., made a talk in favor of a medical society composed of the western states, to be known as the Southwest District Society and requested a committee of five to be appointed to confer with a similar committee from other states to be included in this district relative to the organization of this society. This committee was composed of Doctors C. E. Bowers, G. M. Gray, H. L. Alkrie, M. F. Jarrett, A. L. Cludas,

No other business being before the House of Delegates, they adjourned.

**Meeting of the Council.**—Friday, May 11, 1906. Dr. G. H. Hoxie was elected editor for the ensuing year, and on motion was allowed six hundred dollars for his services.

The publication Committee selected, consists of Dr. C. S. Huffman, Chairman, Dr. G. H. Hoxie and Dr. J. E. Sawtell.

On motion the Secretary was allowed two hundred dollars for stenographer for the ensuing year.

Council adjourned to meet on call of the president.

**SCIENTIFIC SECTION.**

**Wednesday, May 9th, 8:00 p. m.** President Dr. Chas. E. Bowers of Wichita in the chair.

Opening address by Prof. W. H. Carruth of the State University. Prof. Carruth showed that the Kansas Medical Society was directly responsible for the establishment of the School of Medicine of the University. The University therefore depended on the society for support.

Dr. J. Dillon of Eureka read a paper on Medical Organization, and Dr. C. C. Seabrook of Burlingame read a paper on Diabetes Mellitus and its Curability. These papers were discussed by Doctors Stewart, Goddard, Glasscock, McGuire, Meade, Simmons, Seabrook, Minnie and Dillon.

Dr. Latta presented a paper on the Lack of Interest in the Study and Practice of Internal Medicine. The paper was discussed by Doctors Minnie, Davis, Hoxie, Mitchell, Badger, Hughes and Latta.

**Thursday, May 10th**, the following papers were read and discussed: Medical treatment of diseases of Gall Bladder and Biliary passages, by D. I. Maggard of Wichita.

Acute Epidemic Jaundice, with report of twenty-two cases, Dr. H. R. Ross, Sterling.

Discussions by Drs. Hoxie, Lutz, Murdock, Mitchell, Sterrett, Blaisdel, Trusler, Glasscock, McGuire.

Dr. W. E. McVey read a paper on Cardiac Inadequacy, and the same was discussed by Doctors Lowdermilk and McVey.

A paper on Prevention and Treatment of Puerperal Infection was read by Doctor John D. Clark of Wichita, and discussed by Doctors Lobdell, Blaisdel, Kenney, Uhls, Mitchell, Lowdermilk, Taylor, Yates, Gray, Trussler and Clark.

**Afternoon Session**—Dr. W. E. McVey gave a lecture on the heart, demonstrating with a case of aortic aneurysm.

Dr. Eastman read a paper on Absurd Verdicts in Cases of Insanity—Unfitness of the Jury System.

Dr. W. S. Lindsay gave an illustrated paper on Brain Tumors.

A plea for early diagnosis and treatment for epilepsy, was presented by Dr. M. L. Perry.

Dementia Praecox, by Dr. T. C. Biddle.

Paranoia, by Dr. L. L. Uhls.

Toxic Psychoses, Dr. C. C. Goddard.

Discussions on the above papers by Doctors Glasscock, Barnett, Perry, Peers, Hays, Lindsay, Biddle, Uhls, and Goddard.

Medical Treatment of Gastric Ulcers, Dr. Fred Lyons.

Carcinoma of the Stomach, Dr. B. M. Barnett.

Discussions by Doctors M. C. Porter, Barnett, Blaisdel, Sterett, Riddell, Murphy, Haskins, Lyons, Barnett.

Paper on Ectopic Gestation, by Dr. G. M. Gray.

Discussions by Doctors Stevens and Gray.

**Friday, May 11th** Dr. R. H. Meade read a paper on bilateral cervical sympathectomy in Exophthalmic Goiter, with report of a case.

Dr. Steelsmith read a paper on infected wounds of the extremities.

These papers were discussed by Doctors Kenney, Blaisdel, Axtell, Minnie, Sudler, Dorsey, Schaufler, Meade and Steelsmith.

Dr. J. T. Axtell presented a paper on cholelithiasis.

The X-Ray and its uses, by Dr. Martha M. Bacon.

Treatment of intra capsular fracture of femur, Dr. O. D. Walker.

Discussions of Doctors Hughes, Curry, McVey, Latta, Swartz, Axtell, Bacon, Walker.

Dr. A. C. Graves read a paper on Hypopyon Keratitis, and it was discussed by Doctors Reynolds, Longenecker, Dorsey, Magee, Gsell, Minnie, Jamison, Graves.

Dr. J. F. Gsell of Wichita read a paper on gonorrheal affections of the eye.

The following papers were read by title:

Prophylaxis of Typhoid Fever, with the influence of the soil fabrics and flies in the dissemination of typhoid fever, Dr. J. E. Foltz.

Major complications and treatment of pneumonia, Dr. E. N. Martin.

Suggestions in the Treatment of certain Psychoses, Dr. W. D. Toby.

The county society, Dr. J. A. Conner.

Acute exfoliative dermatitis, Dr. H. H. Bogle.

Mycosis fungoids, Dr. R. E. McVey.

At the afternoon session, there being so few members present, the meeting adjourned on motion of Dr. Munn.

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### SOCIETY NEWS.

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**The Allen County Medical Society Banquet Their Friends**—By invitation of the Allen County Medical Society, the Neosho County Medical society met with us at our regular session on May sixteen for the interchange of papers, and for social intercourse.



President Heylman of Iola called the assembly to order, and the program as prepared by the committee, Drs. Mitchell, Bolton and Martin was followed. President Dr. Heylman, in his address of welcome spoke of fraternity among individuals, reciprocity between states, and of our own organization as not being in the nature of a trust, but having as their essential feature a higher standard, that of fellowship. He spoke of the public benefit which medical organizations have proved themselves to be, in teaching hygiene, and in relieving unsanitary conditions. He also stated that by our united action, charlatanism has been limited, and institutions whose only interest is greed, have been prevented from operating. He then introduced Dr. Light of Chanute who presided during the remainder of the meeting.

The first paper was presented by Dr. H. E. Rakestraw of Chanute on "Eye strain in its relation to Functional and Nervous Diseases." Dr. Jewell of Moran eulogized the paper, and advised physicians to study their cases, and see wherein lay the cause of exhausted nerve force. The next paper on "Management of malpositions of the uterus" was read by Dr. L. D. Johnson of Chanute, and was a very exhaustive exposition of the subject. He stated as the chief cause for such misplacements, miscarriage and gonorrhea. He spoke of the inflammatory processes following such disturbances, resulting in the exudation of plastic lymph, and the consequent congestions resulting in versions. His remedy lies in the proper treatment of the initial lesion. His advice is to depend on curettage in miscarriage rather than medicines internal and local. He spoke of the early repair of diseased parts for the relief of the above conditions—the repair of the lacerated cervix, perineal rupture, an operation for cystocele and rectocele; the amputation of an elongated cervix, and sometimes shortening of round ligaments to save patients from major operations later. Dr. Lake of Erie, spoke of the importance of the subject discussed in the paper, and that the up-to-date surgeon does something rather than wait.

Dr. E. L. Enochs of Iola next favored us with his paper on "The Nose." After some very bright remarks on the organ as related to other parts of the physiognomy, and types of people studied through the size, shape and location of the nose, Dr. Enoch's detailed certain disturbed conditions of the system which have their origin in nasal reflexes and neuroses. He spoke of the structure of the nose, mouth-breathing in children, its causes, and the necessity of keeping the nasal tract open. He said that swollen and sensitive turbinate may point to uterine trouble, or dysmenorrhea, as evidenced by the relief from pain on desensitizing the genital spots in the nose. In corroborating his views as to the vital connection between the uterus and nasal dis-

turbances, he cited epistaxis when it occurs as vicarious menstruation. In giving very favorable criticism of this paper, Dr. O. C. Payne, of Humboldt, very aptly said, that in this paper, all diseases were referred to the nose; in the first paper of the evening, all depended upon care and treatment of the eye. He stated that the greatest benefit which the general practitioner would derive from this paper would be in learning the necessity of sanitation. President Heylman resumed the chair and listened to an appeal from the A. M. A. for California physicians who suffered from the recent earthquake. A generous response followed in the donation of eight dollars by those present. Dr. J. W. Bolton presented the following resolution which was unanimously adopted: "Believing that it will result in mutual benefit to both professions, we the members of the Allen County Medical society extend a cordial invitation to all ethical dentists to become honorary members of our society."

The society then repaired with their friends to the banquet room. About eighty were seated at the tables, including physicians from La Harpe, Gas City, Moran, Humboldt, Chanute and Erie, as well as Iola. After the banquet a program of toasts was presented with much pith and point, the intellectual stimulus being given by our genial toastmaster, Dr. G. C. Glynn, who dismissed the "aggregation" about two o'clock a. m. just before they were tired. Of especial note, but not on the program, as printed were two vocal solos from Mrs. O. C. Payne, of Humboldt. Dr. Light, president of Neosho county society, extended an invitation to the Allen County Medical society to meet with them at some future date. Dr. Heylman, president of Allen County Medical responded, accepting the invitation in the name of our society.

EDITH S. HAIGH.

**Shawnee County Medical Society**—Held its regular monthly meeting on May 7th at the National hotel, Topeka, having a large attendance in spite of a very heavy rain. The following new members were received: Doctors E. V. Coldien, F. C. Bennett, W. C. Van Nuys S. T. Millard.

A very instructive paper on Cardiac Inadequacy was presented by Dr. W. E. McVey and a rare case of Mycosis Fungoides was reported and a photograph shown by Dr. R. E. McVey. A most interesting postmortem was reported by Dr. L. M. Powell on an organic heart lesion, which called out an active discussion, Dr. J. N. Taylor of Berryton stating his experience in this class of cases.

The society passed a resolution supporting the Pure Food Bill, and, instructed the secretary to forward copies of the same to our

Congressmen. A resolution favoring the A. M. A. fund for the aid of the profession in San Francisco was adopted and a subscription solicited.

We now have 66 members and hope to have every reputable physician in the county in our society before the year ends.

Dr. O. P. Davis, the president, officiated in his usual capable manner. A number of visitors were present. We hope before long to have some extra meetings with the laity.

CORBAN E. JUDD, Secretary.

**Labette County Medical Society** met in regular session at 8:30 p. m., May 9, at Parsons. The meeting was an enthusiastic one and well attended. Dr. Kleiser presented a difficult case of diagnosis; and, a paper on Bromism with a report of cases was read by Dr. Skoog. The discussion was led by Dr. Kackley and later reviewed by other members of the society.

The board of censors reporting favorably upon the applications for membership of Drs. George W. Gabriel, Albert Smith, J. C. Creel, G. W. Maser, E. W. Boardman, R. E. VonTrebra and J. B. Anderson, they were elected by a unanimous vote. The bylaws were amended so as to change the date of meeting from the second to the third Wednesday of each month.

A. L. SKOOG, Secretary.

**Clay County Medical Society** met in regular session, May 9th, at Bonham Hotel, Clay Center, with the following program: Early medical reminiscences of the practice in Clay County, Dr. J. P. Stewart; Some Thoughts of the Advancement in Scientific Knowledge of the Local Medical profession, Dr. M. C. Porter; and Bulletin—News of the Month—Dr. B. F. Morgan.

G. A. TULL, Secretary.

**Butler County Medical Society** having held its regular April meeting reports the following officers elected: President, C. H. McMillen; Leon; vice president, D. C. Sthalman, Potwin; treasurer, N. O. Bennett, Eldorado; secretary, Anna Perkins, Eldorado.

ANNA PERKINS, Secretary.

**Jewell County** now reports a society with a membership of eleven. Its last meeting was held at Dr. Peters' offices in Mankato, all members except two being present. The reading and discussion of the following papers resulted in a very interesting evening; Puerperal eclampsia—Dr. Charles Hershner, and Fractures of the Hip-joint by Dr. O. W. Hughes.

D. D. ALLEN, Secretary.

**Brown County Medical Society** met in regular quarterly session April 3, at Hotel Grande, Horton. Members present, Doctors C. C. Stivers, jr., C. C. Stivers, sr., J. O. Ward, L. Reynolds, A. Dunlap, R. L. Funk, J. Deaver, S. J. Herrick, and J. W. Shannon. The following program was interesting and instructive. Treatment of Hernia; Painful Menses—cause and treatment; Treatment of nephritis; and Blood analysis in private practice. The attendance was the best we have had and the interest increased with each meeting. Following officers elected: President, Dr. A. L. Reynolds; Horton; secretary and treasurer, Dr. J. W. Shannon, Hiawatha; Delegates, Doctors S. J. Herrick, Everest, and L. Reynolds, Horton.

J. W. SHANNON, Sec.

**Marion County Medical Society** met at Florence, April 11. Meeting was called to order by the president, Dr. E. S. McIntosh, of Burns. Following papers were read: Dysentery, Dr. Wagon, Florence; Extrauterine pregnancy, Dr. G. P. Marner, Marion; Pneumonia, in children, Dr. H. M. Mayer, Peabody. Members present, Doctors L. A. Buck, H. M. Mayer, Peabody; Wagon, Palmer of Florence; G. P. Marner, and R. C. Smith of Marion. The next meeting will be held at Marion, July 11.

R. C. SMITH, Secretary.

**Jefferson County Medical Society** submits the following condensed report of its proceedings during the past winter. Papers read and discussed: LaGrippe, S. E. Smith; Urethral Stricture, E. C. Rankin; Croupous pneumonia, G. W. England; Osseous origin of hip disease, D. D. Wilson; Cholera Infantum, J. S. Fulton; Pathology, symptoms and diagnosis of Potts disease, J. R. Mains; Quarantine J. Johnston; Diphtheria, M. S. McCreight; Gallstones, W. D. Graff; Appendicitis, A. G. Smith.

Officers for present year: President, E. C. Rankin, McLouth; Vice president, A. D. Loevey, Ozawkie; Secretary, W. A. Aitken, Valley Falls; Delegates, Stephen E. Smith, Grantville; Censors, W. L. Borst, L. V. Sams and J. T. Fulton.

We have been introducing clinics of interest into our meetings. Our membership reaches twenty-one with many prospects.

W. A. AITKEN, Secretary.

**Third District Branch Kansas Medical Society** held its fourth annual meeting the afternoon and evening of April 12 at Clyde, with reception and entertainment in the evening. Program: Annual Address by the president, Dr. C. F. Leslie, Clyde; Papers on Pneumonia, Dr. A. J. Weaver, Concordia; Treatment of injuries of the eye with special



reference to the cornea, Dr. R. S. Magee, Topeka; Arteria sclerosis, Dr. S. C. Pigman, Concordia, Therapeutic effects of incandescent light, Dr. W. S. Lindsay, Topeka; Some Remarks about proprietary remedies, Dr. W. F. Sawhill, Concordia; and one by Dr. J. N. Saunders, Cawker City; and one on Hygiene by Dr. C. F. Leslie, Clyde. Officers: President, Dr. C. F. Leslie, Clyde; Vice President, Dr. O. W. Hughes, Jewell City-Secretary, Dr. M. R. Spessard, Glen Elder; Treasurer, Dr. Francis M. Daily, Beloit.

MICHAEL R. SPESSARD, Secretary.

**Annual Meeting of the Golden Belt Medical Society** was held at Abilene, April 5 with Vice president T. R. Conklin in the chair; Dr. W. S. Yates, secretary pro tem. The following physicians were elected to membership: J. E. Metcalf, Salina; W. M. Reitzel, Wamego; S. N. Caffee, Talmage; Chas. W. Reitzel, Manchester; Simon Steelsmith, Abilene; and J. W. Kenney, Salina. Officers elected: President, Dr. E. L. Simonton, Wamego; Vice president, Dr. F. M. Gaines, Solomon; Secretary, Dr. Howard N. Moses, Salina; Treasurer, Dr. W. S. Yates, Junction City. Dr. W. F. Waugh of Chicago gave a very interesting and instructive talk on the subject of "The use of antiseptics in fevers." for which the society extended him a vote of thanks. The following papers were read and discussed: Surgical treatment of pyloric stenosis, Dr. A. L. Blesh, Guthrie, Okla.; Electricity and the X-Ray, Dr. C. E. Judd (Dr. Judd's paper was accompanied by many excellent explanatory radiographs); Graves' disease with and without exophthalmic goitre by Dr. O. D. Walker, of Salina; and, Malignant Deciduosityoma by Dr. W. B. Dewees of Salina.

The report of the committee on state laboratory equipment—Doctors Riddell, Moses and Judd—was read and approved. Abstract as follows: We recommend that the state legislature appropriate funds for the equipment, maintenance, salary and incidental expenses of a laboratory in connection with the state board of health for the examination of blood, bacteriological and pathological specimens, excretions and secretions of the body, food and water. The amount to be—equipment not to exceed \$2000; annual salary of competent person who will devote entire time to the work, \$2500; maintenance and expenses of \$1000 per annum.

The banquet served at the Union Hotel contributed greatly to the pleasure of the occasion. The following places of meeting were recommended for the ensuing year: July, Junction City; October, Salina; January, Wamego; April, Abilene; Thirty-five members were present.

HOWARD N. MOSES, Secretary.

**The Crawford County Medical Society** met at Girard, April 26, 1906, holding both afternoon and evening sessions. The guests were Drs. R. C. Lowdermilk, and A. A. Shelly, Galena; H. H. Brookhart, Scammon; representing the Cherokee County Medical Society; Lee, from Humboldt; Osborne, Pittsburg; Alexander, of Girard. Motion was put before the house and carried that the courtesies of the floor be extended to all visitors. A very interesting afternoon session was held when the following papers were read and discussed: "Pneumonia," Dr. H. H. Bogle; "Acute Endocarditis," Dr. R. C. Lowdermilk; "What shall the medical profession do to prevent abortions?" Dr. R. H. McDonnell. Dr. Lowdermilk commented especially and at length upon Dr. McDonnell's paper. He thought that this was a step in the right direction, and recommended that medical societies instead of getting into a set groove, should make a practice of handling sociological and allied subjects, as well as those purely medical in nature, thus becoming potent factors in the up-building and education of the human family.

Members present: Drs. Graves, Bogle, McDonnell, McLaren, Dickinson, Harper, Morrison, Keeler, Adamson, Scott and Bertholf. Visitors; Drs. Lee, Brookhart, Alexander, Shelly, Osborne and Lowdermilk.

Evening session opened at 8 o'clock, when the following program was given, "Some Common Skin Diseases," Dr. L. P. Adamson, Girard; "tuberculosis, its prevention and limitations," Dr. A. A. Dickinson Pittsburg. Dr. H. H. Brookhart of Scammon introduced the subject of the "Evils of contract practice," which was freely discussed and the evil condemned, but no decision was reached as to the proper remedy for this evil. Dr. Lowdermilk came nearest to suggesting the proper solution by saying that the first thing the county society should do was to get every reputable practitioner into its fold. Next, to educate them, when they in turn would educate the laity, that by such united action we would be able to secure recognition from the community at large; that there is a difference between a member and a non-member, and that the public should recognize this difference. He cited Alabama as being the only state whose medical laws were perfect; the medical society there absolutely controls medical affairs in the state; no board of Examination or Registration to appear before:--"If you can secure membership in the medical society, and your credentials prove satisfactory to this body, you can practice in the state, not otherwise. This is as it should be everywhere, and the problem of regulating the practice of medicine will never be solved until this principle is carried out by the various states. Thus the medical society

controls medical affairs, and is a power as a legislative body. Now such being the state of affairs, let the medical society say that this contract practice must cease, and that its members must not accept any such work, and it will cease. You can then safely refuse to do it without fear of the company in question importing another man to do their work, for the medical society is the only open door to the practice of medicine in the state."

FRANCES A. HARPER, Secretary.

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### NEWS AND NOTES.

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**Character of the Licentiate**—Medicine brings its practitioners into closer touch with the family life than any other profession, since the ministry has lost its power of absolution. Therefore we must guard jealously our ranks and prevent entrance therein of the unfit, —of those who would take selfish, mean or criminal advantage of the opportunity afforded to pry into personal and family affairs. When, therefore, a medical school has among its students one who has been convicted of crime, the officials of that school must answer that question which Omniscience only could answer, Is this man's character regenerated? They can refuse to graduate him only on the ground that he concealed his history when entering the institution, unless they are willing to enter the courts on the broad grounds of public policy. Recently a pardoned criminal was found in the third year of a Kansas City school. He made his grades, but was quietly advised not to return. He took that advice and went to another school where he presented his whole story and was granted permission to graduate. We wonder whether desire to do good or for money led to the latter decision.

**Permits to Practice**—The history of this same student brings up another question. He went at the end of his third year to Kansas, and by circulating a petition among the physicians secured a permit to practice. At the expiration of this permit, the physicians refused to sign another petition; nevertheless he secured a renewal of the permit. A **third** permit was obtained by going to a neighboring city and arousing the sympathy of the profession there on the score of professional jealousy and obtaining their signatures. This is the point to our remarks: What right had these men to foist on a neighboring small town an unwelcome licentiate? Has Kansas City a right to send such licentiates to Bonner Springs, or Pittsburg,

to McCune, or Topeka to Hope? We trust that this brief note will cause our colleagues to be more careful and thoughtful of their neighbors' rights.

**Doan's Hospital**—It is said that the above named licentiate is running a hospital. At any rate advertisements from local secular publications have been sent us bearing advertisements of the following tenor: "Have you piles or any rectal troubles? If you have, we can cure you safe and sure. We can furnish ample evidence. Write Doan's Hospital." Another advertisement reads, "Treatment for all kinds of chronic diseases. The best Equipped Hospital in Southern Kansas. An eminent Corps of Physicians Constantly on Hand. Our prices are the most equitable of any." If the above licentiate, as is alleged, has charge of this "hospital" we can readily understand why his colleagues feel injured by the enforced juxtaposition. Even on the general proposition we believe that under graduates should be allowed to practice only as assistants to reputable and capable men, and practically never independently.

**"Dr. C. C. Seabrook** was on the program of the Kansas Medical Society for their state meeting last week, and read a paper on 'Diabetes Mellitis and its Curability.' The society will have the address printed, from which fact it is safe to infer that it was considered excellent."—Osage Co. Chronicle. It is interesting to have such authentic information as to what the society will do with that article.

**Dr. George E. Tootley** of Washington was married, May 9, to Miss Ida Erb, of Kansas City. We present our heartiest congratulations to the efficient secretary of the Washington County society.

**Program of the Kansas City Meeting**—It will be of great help if the county secretaries will send us suggestions as to topics and themes which would prove most interesting for next year's meeting. There are doubtless many subjects about which members would gladly hear papers, but which would not appear on the program unless the officers are notified.

**San Francisco**—Our colleagues in San Francisco have lost much in the recent catastrophe which overwhelmed their city. We hope that Kansas physicians will show their fraternal feelings by subscribing liberally to the fund being raised by the Journal of the A. M. A. Dr. Jones issued a 4-page leaflet to represent the California State Journal in May. His courage is inspiring, but the sight of his journal brings a heart throb of sympathy to even the hardest heart.



**Dr. Silkman**, of Manhattan, in the April, 1906, issue of The Medical Council described an operation on a hypertrophic Thyroid gland—an operation done by him before he had ever seen a similar operation. We congratulate him on his good results.

**The Natural Laws of Sexual Life** by Dr. Anton Nystrom, Stockholm. Authorized translation from the third Swedish edition by Dr. Carl Sandzen, instructor in physical therapeutics in the University of Kansas. Cloth, 12 mo., pp., 260, Kansas City, 1906; The Burton Company.

The sexual life is one of those things to which one cannot apply the methods of exact science. It is something which every observer describes as seen through the eyes of his own personality. Therefore, there will always remain differences of opinion as to even the fundamentals. For this very reason it is well to learn the views of others of our compatriots and of other nationalities.

We would take issue with many of the author's generalizations in his first chapter. Inasmuch, however, as the book seems to be written by a high minded man with a good purpose we would commend its perusal to our colleagues.

**Diseases of the Nervous System** resulting from accident and injury, by Pearce Bailey, A. M., M. D., Clinical lecturer in neurology in Columbia University, New York City. Cloth 820, pp. 627, New York, 1906: D. Appleton & Co.

This is really a recasting of the author's book, "Accident and Injury in their Relations to the Nervous System." Its scope broader and its field more thoroughly covered than in the original work. This book is written of course from the neurologist's standpoint and surgical points are discussed with brief mention. The introduction discussed methods and scope of examination and the influence of the history. Part one gives the organic effects of injury to the nervous system, as injuries to the brain (86 pages) to the head (34), to the spinal cord (106), to peripheral nerves (41 pages). Then follow 60 pages on trauma as a factor in the causation of certain chronic degenerative diseases such as paresis and locomotor ataxia. Part two discusses the functional effects of injury, to which 201 pages are given. Part three devotes 55 pages to medico-legal considerations such as expert witnessing and malingering. A good book for the times.

**State Board**—Dear Editor: Enclosed please find list of questions given at our last meeting held in Topeka May 1 and 2. One hundred and two applicants presented themselves for examination, of which 71 were successful. The highest grade made by any one of that number was 90%. Date of our next meeting is June 12 and 13, to be held in Kansas City, Kan., at the high school building, corner 9th and Minn. Ave.

Faternally yours,

T. E. RAINES, Secretary.

**SURGICAL TREATMENT OF STENOSIS OF THE PYLORUS. \***

A. L. BLESCH, M. D.,  
Guthrie, Okla.

(Surgeon to Guthrie Hospital.)

In the light of the marvelous development in the surgery of the stomach, which has been made in the last few years, the thought of what that long suffering organ has endured in the way of medication for dyspepsia, indigestion, and neuralgia is really appalling. It is fairly safe to make the assertion, that the surgery of the stomach, as it is understood today, all of it or so near all of it that what does not is of little consequence, comes to the operating table with the symptom-syndrome which in the old days, (and the old days in this are but recent) called loudly for pepsin, nitro-muriatic acid and the bitters etcetera. Idiopathic dyspepsia, whatever that may mean or ever did mean is fast becoming relegated along with idiopathic peritonitis, and a variegated assortment of the other "idiopathics" to the relic room of a by-gone era—mile stones that we have passed and numbered in our progress.

"And I doubt not through the ages one increasing purpose runs,  
And the thoughts of men are broadened with the process of the suns.

This is as it should be. It is the business of progressive medicine to eliminate these hazy, long high sounding Greek names, whose roots dip into the mythology of a long forgotten past, and whose spreading branches throw their protecting shadows over the things we do not know.

The real cause that lies behind a very large percentage of the cases of indigestion that haunt the doctors offices, is a pathological, hereditary or acquired, narrowing of the stomach outlet. Nor must the pylorus be thought of merely as the gateway or outlet of the stomach. It has an important function to perform with respect to digestion, so that the consequences of obstruction at or of the pylorus are rather complex and not altogether simple in manifestation.

\*Read before the Golden Belt Medical Society, April 5, 1906

For the human being it does to a degree what the gizzard does for the fowl—it is the mixing mechanism. It is the most muscular portion of the organ, and while not so richly endowed with glandular structure it has little need of it for its function is largely mechanical. By virtue of its circular fibers it retains the food in the organ, repelling the forward thrust of the fundus and gravitation, again and again until such time as the digestive fluids have accomplished permeation and liquifaction when it is permitted and even assisted in its passage downward. Perhaps the fact that this portion of the stomach is not so richly endowed with glands at least partially accounts for the well known greater predisposition of this region to ulcer formation and cancer, presenting less resistance to the gastric juices. The obstruction is always unless from the ingestion of a foreign body, secondary.

The causes of pyloric stenosis are either from within the organ or without. If from within it may be and most commonly is due to (a) cicatricial contracture from healed ulcers, (b) foreign growths, benign or malignant, of the mucosa or muscularis, (c) impaction of a gallstone within the duodenum, near the papilla of the duct and which, whether it is carried backward toward the pylorus, remains at point of exit, or descends in the duodenum, acts as an acute pyloric obstruction. Ochsner\* in a recent paper has demonstrated by a series of dissections that there are true sphincteric contraction rings in the duodenum which often offer decided hindrance of the passage of a foreign body, such as a large gallstone would prove to be.

If from without—(a) Constrictions and kinking from peritoneal adhesions and bands, (b) Compression from impinging tumors, benign or malignant.

Surgery has demonstrated that the causes acting from within are by far the most common, and of these chronic ulceration is the most frequent. Next to chronic ulceration stands extra-pyloric adhesions—the relics of repeated exacerbations of gall bladder and duct infections. Ulceration is a strong predisposing factor to malignant degeneration—the so-called cancer on an ulcer base.

Graham\* states that in 145 cases of cancer of the stomach 60 % gave a previous ulcer history. While this estimate is considerably larger than that furnished by the statistics of most operators, it yet, as to the fact itself, is in accordance with Ochsner, Lebert (9%), Murphy and other operators of experience. Mayo† mentions the fact that the geography of cancer and ulcer are nearly identical. This fact directs our attention at once to the imperative call for surgery of an exploratory char-

\*Annals of Surgery, Vol 43, page 80.

†Annals of Surgery, Vol. 39, page 321—Article by Will Mayo.

acter in the early obscure troubles of the stomach. This call is doubly urgent where we are confronted with a gastric symptom-complex and elicit a family history of malignancy. In this class the physician or surgeon who refuses an exploratory incision assumes a grave responsibility. Cases II and III below very clearly demonstrate this.

There is another class of cases, presenting all the symptoms indicative of gastric dilation, but which will give unsatisfactory operative end-results. I refer to the essential neurotics—neurasthenics. Quite usually these distressing patients present a condition of splanchnoptosis a part of a general loss of tone and relaxation, perhaps due to a faulty innervation, but as yet, we must admit, but little understood. We must patiently await the working out of this problem by our neurologists than which there is no specialty making more progress during the present era. Quite all the pyloric obstructions with secondary stomach dilation and atony and faulty drainage present the clinical picture of neurasthenia, and in this class these symptoms are secondary to the demonstrable lesion and operative results, immediate and remote are indeed brilliant. It is the province of the diagnostician to eliminate the essential neurotic—and I do not pretend to be able to define the meaning of the term further than to say it is most frequently associated with Glenard's disease. Whether the ptosis stands in a causative relation to the neurasthenia or vice versa, so far as I know has not yet been disclosed. It is well known to surgeons of experience that operative work on these patients of any kind soever is in end-results, very unsatisfactory. Kidney suspensions, gastro-enterostomies all fall in the same category.

What the surgery of the stomach of today most needs is not so much perfection in mechanics and technique of execution—these have been fairly well evolved under the skilful touch of such deft hands as the Mayo's, Moynihan, Mayo Robson, Murphy and many others; but a reliable method of early diagnosis. Our means in this direction are lamentably inefficient, even with the aid of the best equipped laboratories. What has been accomplished in gastric surgery has been done in the face of these discouragements and mostly in far advanced cases. We can anticipate even better results when we can make early reliable diagnoses in the doubtful cases, or are permitted more frequently than now to make early explorations.

As surgeons, we can come to you now with statistics and mortality records that warrant us in insisting upon early explanatory operations. According to W. J. Mayo\* the mortality of gastro-jejunostomia posterior without the loop is 2 6-7 %, gastro jejunostomy for malignant disease

\*Ibid.



8%. (Remote results of course are uncertain, most of the cases being far advanced and the operation done solely as a palliation) pylorotomy and partial gastrectomy 13%, (this operation being done always of course for malignant disease, and with the hope of radical extirpation and cure.)

Advanced cases of stomach dilatation with food stasis and secondary decomposition and toxine absorption are very easily diagnosed as such, be the cause what it may, and there is no longer any question in these cases, if operation demonstrates their benignancy, that a drainage operation is indicated. But it is not far fetched to hope for the early advent of the day when early operation will forestall the occurrence of such cases. This state is the end-result of a condition of things that should be anticipated by a surgical operation. By so-doing a long term of invalidism as well as the imminent danger of malignant degeneration is avoided.

So far as the surgery of pyloric stenosis is concerned, this paper will limit itself to the consideration of the drainage operations, and will not enter into a tiresome discussion of the history and development of the various operative procedures up to the modern very successful methods.\*

Our choice in this as to methods may be summed up as follows:

(a) Gastro-enterostomia anterior, by suture or button, the suture method including the McGraw elastic ligature.

(b) Gastro-enterostomia anterior with entero-enterostomy.

(c) Pyloro-plasty of Finney.

(d) Gastro-enterostomia posterior, with or without button.

(1) With Loop.

(2) Without loop.

The Banquo's ghost which would not down of the early operators by the anterior method with long or short loop, (and a loop in unavoidable in the anterior operation) was the "vicious circle." Entero-enterostomy was devised to overcome this trouble and was only partially successful besides unduly prolonging the operation. Mayo called attention to the fact, that it was above all essential that the most dependent portion of the sacculated stomach be selected for the anastomosis, thus avoiding residual stomach content and lessening very materially the tendency toward this regurge. With the utmost care and with the various modifications this baleful accident would sometimes occur and was always very distressing, sometimes necessitating re-operation, so that most surgeons have abandoned the anterior method in favor of Finney's pyloroplasty or the posterior. In addition to the

\*Annals of Surgery, Vol. 42, page 642.

danger of "vicious circle" from which there is no doubt, patients have vomited themselves to death, these is also the likelihood of the formation of jejunal peptic ulcer.

Pyloro-plasty, whether the operation of Heinecke-Mikulicz, or the modification of Finney, has well defined limitations. It seems the general consensus that it is very difficult of performance in the presence of extensive pyloric adhesions, the presence of an abnormally short gastro-hepatic ligament, and in pyloric cancer; although Finney himself maintains that "adhesions are no bar to the performance of the operation." Its advantages are (a) immediate, continuous and ample drainage, (b) drainage at the lowest point and the preservation of the natural stomach contour.

The drift of surgical opinion has, however, set in strongly toward the perfected posterior gastro-jejunostomy by suture and without loop—an operation with which the name of Moynihan will always be identified, although in reality like most perfected operation it is a composite result to which many have contributed. Whatever the operation selected, and be the indications for it what they may, the object sought and the good accomplished may be summed up in the one word, drainage. The posterior operation not only offers the lowest point for attachment, but also the advantage that jejunal attachment can be made at this point without loop or kinking, for the reason that the posterior wall of the stomach and beginning of the jejunum are in natural contact with only the thin layer of the meso-colon intervening.

The steps of the operation may be summarized as follows:

(a) Incision slightly to right of linea alba and through right rectus. This should begin near the point of the ensiform cartilage, and be carried as far downward as necessary, usually 3 or 4 inches sufficing. It is not uncommon to see the pleura bulge up in this incision with each inspiration.

(b) Rapid examination by inspection and palpation of stomach and other viscera—it is feasible to remove an appendix through this incision.

(c) Delivery and placing of transverse colon on thorax (being careful to protect same with towel or gauze wrung from hot saline solution).

(d) Making a rent through the mesocolon, through which to thrust the posterior wall of stomach.

(e) Selection of the lowest point of greater curvature, (this will be found as a rule opposite the juncture of the horizontal with the perpendicular portions of lesser curvature [W. J. Mayo] and at this point the separation of the omentum from the border, working between the

stomach branches of the gastro-epiploic artery. This point indicates the inferior margin of the proposed anastomosis, and may be marked by snapping upon it an artery forcep. for later a forcep in precisely this location will be required to draw the walls of the stomach into the grasp of the Moynihan forceps.

(f) With palmar surface of left hand grasping anterior wall of stomach the turning of the posterior wall of the stomach and that portion of anterior to which forceps is attached through rent in mesocolon.

(g) Grasping from  $2\frac{1}{2}$  to 3 inches of the posterior wall of stomach, including attached forcep as lowest point, and extending obliquely upward and to left (Moynihan's line) in Moynihan's forceps, over the jaws of which have been slipped pieces of soft rubber tubing. The grasp of the Moynihan forceps should be sufficiently firm to afford hemostasis and prevent leakage of contents.

(h) The selection of a portion of the jejunum from  $2\frac{1}{2}$  to 4 inches from its origin a bite corresponding in length to that of stomach is taken longitudinally (Chas. Mayo) in the jaws of another Moynihan forcep.

(i) The two forceps are now held side by side by the assistant, and the operator with a common or self-threading cambric needle armed with a Pachenstecher linen thread rapidly runs a continuous Lembert suture along the apposed serous surfaces a little longer than the intended incision, and the threaded needle laid aside.

(j) Gauze is carefully drawn between and around apposed viscera, and an incision is made in the bite of each with scissors beginning about  $\frac{1}{8}$  of an inch from the starting point of the suture line, continuing parallel, and about  $\frac{1}{8}$  inch from it, and ending the same distance from its point of termination. The cut edges of the viscera are now carefully wiped clean with gauze, and the pouting edges of the mucosa in each trimmed even with the serosa.

(k) A continuous suture through all the coats of the bowel and stomach and rapidly uniting them. This suture should be of chromicized catgut, since it is found that a non-absorbable suture frequently hangs in the edges, and occasions suppuration for months.

(l) The parts are now cleansed, forceps unlocked and removed, all but one blade which is left underneath the point of union between the apposed viscera to support them while the needle threaded to the first suture (Lembert) is taken up, and this suture continued around the anastomosis to the beginning point, and tied to end of it which has been left long for this purpose. The rent in the mesocolon is now secured to stomach and intestines by a few interrupted catgut-sutures.

This now completes our anastomosis by the Moynihan method.

The suture work can be done readily in 15 or 20 minutes by the average operator. It is very satisfactory to see a stomach full of fluid contents immediately empty itself as the forceps are removed. The continuous through and through suture should be water tight, so that when the forceps are removed there is no leakage.

(m) Closure of the abdominal incision.

CASE 1. Mrs. F., act. 35, III-para, family history negative. Brunette of spare build, anemic, complexion muddy. History of stomach trouble extending over a period of several years. Stomach never free of uneasiness and pain, but frequent acute exacerbations which would send her to bed for weeks at a time.

Examination showed a dilated stomach, hanging one inch below umbilicus. Succussion elicited a distinct splashing sound. Nearly a pint of foul smelling residual contents, consisting of grumous semi-fluid material was drawn by tube. No blood. Contents consisted of decomposed food products some of which, particularly meat fibers, had been eaten over a week before. She was on the verge of starvation, the stomach refusing food altogether for weeks at a time, and its ingestion always occasioning severe distress, and many times vomiting and regurgitation.

Operation was advised and done in the Guthrie Hospital June 26, 1904. Stomach very much dilated—pylorus imbedded in adhesions. Anterior gastro-enterostomy by Murphy button, reinforced with Lambert. No enteroanastomosis. Time of operation not given. Convalescence uninterrupted, except for a regurgitant vomiting occurring during the first 36 hours, of large quantity of bile-stained and dark material. Highest temp. 101 1-5°. Discharged from hospital in 3 weeks, eating all kinds of food and rapidly gaining in flesh.

Case reported at my office 6 months later, and was having recurrences of obstructive symptoms. Button had not been passed, and an x-ray demonstrated its presence in stomach. This had come to act as a ball valve, falling into funnel shaped depression at the point of anastomosis and occluding the opening. Patient had learned that by changing position, she could overcome obstruction and thus empty her stomach. This was a very interesting phenomenon to me. I offered to remove button by a gastrotomy, but patient refused further operative treatment.

CASE II. Mrs. H. act. 39. Family history negative. II-para, youngest child 15; one abortion at 3 months, four years ago; one premature birth at 8 months, 13-years ago. Convalescence from labors and abortions normal. Pneumonia in early life. Observed trouble with stomach for 5 years, which she described as "indigestion," and which grew progressively worse. A recurring pain in left epigastrium of an acute nature. Vomiting for 3 years. In the beginning pain was immediate after taking food but later usually came on from 1 to 3 hours after its ingestion. Blood in vomited matter.

EXAMINATION: Brunette, very anemic with a marked cachexia, vomiting constantly and has retained no food at all, and very little water for a week. Severe pain in left epigastrium constant. Stomach dilated and contains residual products, breath offensive. Dulness on percussion over pylorus and extending along lesser curvature quite to cardia. Both recti rigid, so as to interfere with palpation. Has been confined to bed for 3 weeks, and rectal feeding for several days. Diagnosis, probably cancer resting on an ulcer base. Operation advised and for which purpose patient was removed to hospital on Dec. 15, and operated Dec. 16.

Stomach found imbedded in a mass of cancerous adhesions about pylorus and



extending along lymphatics of lesser curvative to esophagus. Liver and spleen also involved, probably secondary. A posterior gastro-enterostomy by the Moynihan method attempted, but stomach walls seemed too friable to be trusted, and so was abandoned. Incision closed. Patient made an afebrile operative recovery, and was sent to her home Dec. 28. Early operation would have probably saved this patient.

CASE III. Mr. B. aet. 45. Family history negative—occupation merchant, Typhoid fever at 21, had had ordinary diseases of childhood. Fifteen years ago began having trouble with stomach. Patient expressed sensation as, "stomach felt dead." These attacks grew more frequent accompanied by eructations of foul gas with pain and vomiting. No history of blood in vomit or stools.

EXAMINATION.—Patient very emaciated and anemic. Well marked dilation of stomach with constant residual content. Evidence of pyloric stenosis. No nourishment retained for two weeks prior to entering hospital, and but very little for 3 months. Entered hospital January 9 with temp. of 97° and pulse rate 96 to 100, looking very much like a dying man. Emaciated to the degree that the skin seemed stretched over the bones.

Operated January 10. Stomach much dilated and cicatricial stenosis of pylorus, probably due to old healed ulcers. A Moynihan posterior gastro-jejunosomy, without loop done. Time of suture work 25 minutes. Off operating table at 10:30 a. m.; vomited blood at 11:45, pulse became so rapid as to be uncountable, saline hypodermoclysis at 2 p. m.; vomited more blood at 2:15 p. m., more blood at 4 p. m., repeated normal saline at 4:30 p. m. Strychnia and digitalin and morphia as indicated. Saline at 12:30 a. m. of January 11. Pulse got in counting range at 8 a. m. at 128; vomited decomposed blood of foul odor at 12 p. m. Hemorrhage evidently stopped. All told patient probably lost a quart of blood. Adrenalin had also been given per os. The loss of this blood was a fearful tax on the little stock of vitality the patient had left and in my opinion was really the cause of his death, which occurred 12 days after operation apparently from exhaustion. Owing to work on stomach we could not feed rapidly enough to replace lost blood. This hemorrhage should have been preventable and probably occurred from a severed twig of the gastro-epiploic artery that should have been secured. This was my first case using the Moynihan method, and taught me the important lesson to secure all vessels thoroughly before placing sutures, as it is not easy to accomplish afterward.

Wound had healed throughout before death. Abdomen flat at all times.

CASE IV. Mr. D. aet 46. Family history negative. Had been perfectly healthy up to 5 years ago, when he began having "bilious" attacks. Digestive disturbances attended by gas-formation. Four years ago took by mistake a half dram of arsenic, presumably Fowler's solution, and following use of stomach tube had a small hemorrhage. Has lost about 25 pounds in weight in last 6 months; bowels regular, sometimes large mucous stools during attacks. Has been compelled to live on liquids for over a year, because of pain occasioned by solid food.

EXAMINATION.—Tall, spare man; stomach dilated, lower border 2 inches below umbilicus and contains residuum.

Entered hospital Jan. 24, for operation. Operated Jan. 26. Pylorus narrowed so that would not admit tip of finger by invagination of walls of stomach, evidently result of healed ulceration. Posterior gastro-jejunosomy without loop by Moynihan method. Time of suture work 20 minutes.

Patient made uninterrupted convalescence, and by the end of ten days was eating full meals. His gain in flesh and strength was rapid, and he was discharged cured 22 days after operation.

CASE V. Mrs. S. aet. 48. Housewife on a farm. One maternal aunt died of tuberculosis, and one of cancer of uterus. Married 25 years, V-para, labors all normal. One abortion at one month, 20 years ago. Youngest child 5 years old. Menopause 3 years ago. Had been healthy up to 3 years, when stomach began troubling her. The same old story of "indigestion," growing progressively worse. Has had several hemorrhages. A great deal of vomiting. Been bedridden for 2 months, during which time but very little nourishment could be taken.

EXAMINATION.—Patient very emaciated with pronounced cachexia. Whole stomach area very tender and stomach dilated, lower border 2 inches below umbilicus. Residuum. Recti muscles rigid over upper zone. Tenderness more pronounced over cardia than over pylorus.

Entered hospital Jan. 25.—operated Jan. 27. Carcinoma of lesser curvature about one inch from oesophagus. Extensive glandular infiltration. Stomach much sacculated. Gastro-jejunostomy, Moynihan method. Time of suture 18 minutes.

Convalescence from operation normal and rapid. Began feeding liquids in 36 hours, solids in 3 days. Patient discharged improved in 19 days from operation.

This would have been a good case for a partial gastrectomy, but for the fact of the extensive glandular infiltration, which extended to the esophagus.

Primary carcinoma is not usual so far up, but is more common near or in pylorus. Glandular infiltration always occurs along the lymphatics of the lesser curvature (Mayo). In this case beginning primarily so near the esophagus the infiltration early extended to it making a partial gastrectomy practically out of the question.

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## SYPHILIS OF THE LUNGS.

MAYER SHOYER, M. D.

Leavenworth, Kansas.

There are few subjects which have been the ground of more contention than this, some authors insisting on its great frequency; while others deny that syphilis plays any part at all in the pathology of the lungs. Osler states that this affection is very rare. Strumpell says that in spite of the rather abundant recent literature on this subject, there is no complete description of lung syphilis. He believes that those physicians who are inclined to regard every lung affection in a syphilitic individual as syphilitic in character place much in the category which is not syphilis. He thinks that practically one is justified in instituting syphilitic treatment, where severe lung complications arise in a syphilitic

individual, but only in rare instances has this been followed by success.

Frequency, in 6000 cases of syphilis in the commune hospital of Copenhagen syphilis of the lungs was found only in two cases. Chiari in 96 autopsies found syphilitic gummata of the lungs in one case.

**Diagnosis:** There is no one symptom that enables one to make a positive diagnosis, and a diagnosis can only be made by taking a great number of circumstances into consideration. A very complete and careful history of the patient and a thorough examination for evidence of syphilis, scars of chancre, skin lesions, glandular enlargements, condition of the hair, bones, etc., the absence of a tuberculous family history. The absence of the bacillus-tuberculosis after numerous microscopical examinations must be shown.

**Symptoms:** There is a loss of weight, marked anorexia, dyspnoea on exertion, insomnia, troublesome cough, and copious expectoration, hemoptysis may be slight or severe.

**CASE.** A woman 30 years of age, family history excellent, states that her husband's hair and eyebrows fell out in 1899. In the same year she had "humors" on her body; does not remember whether she had a chancre or not. Inguinal glands are now enlarged. Has had several severe attacks of inflammatory rheumatism. In 1900 patient had pneumonia, (treated by other physicians). She states that an advertising doctor treated her for syphilis, but she only took the treatment for four weeks. On the arms, back, legs are large white cicatrices (rupial syphilides). Duration of present complaint 2 or 3 years. The sputum was carefully examined several times but no tubercle bacilli found. Her weight at present is 105 and she states that her greatest weight was 145. She now has very poor appetite, insomnia, severe cough, hemorrhage, and dyspnoea, no temperature. This case was diagnosed as syphilitic gummata of the lungs.

**TREATMENT.** JUNE 4, 1904. Potassii Iodide, 15 grains three times a day and increase two drops daily until iodism also oleum morrhuae and strychnine sulphate.

On the fourth day after commencing treatment, she states that she had a severe coughing spell and something broke and was followed by a profuse expectoration.

JUNE 16, Lost two pounds, appetite good, cough better, expectoration lessened.

JULY 1. Bowels loose, pain in epigastrium and pyrosis, has gained 7 pounds, appetite very good, dyspnoea improved, the ulcerated nares is cured, added corrosive sublimate gr. 1-15 four times daily before meals.

JULY 8, weight 120, practically no expectoration, sleeps well, physical strength much improved.

AUGUST 2. Weight 123, patient unable to take over 60 grains of the iodide three times a day.

AUGUST 30. Weight 130, no expectoration, appetite fine, sleeps well. She is taking 60 grains of iodide of potash one hour after meals and  $\frac{1}{2}$  grain of corrosive sublimate in the 24 hours, also, codliver oil.

The change that has taken place in this patient since beginning treatment is remarkable.

JANUARY 27, 1906. Patient at this date is in excellent condition.

## LITERATURE.

- Councilman in Morrows Syphilology.  
Osler's Practice of Medicine.  
White & Martin Genito-urinary and Venereal Diseases.  
VanBuren and Keyes Genito-urinary Diseases with Syphilis.  
Bangs and Hardaway.  
Parks System of Surgery.  
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**ACUTE ENDOCARDITIS.**

**With a report of a malignant case, ending in recovery.**

R. C. LOWDERMILK, M. D.

Galena, Kansas.

The term, acute endocarditis, embraces all acute inflammatory processes, involving the endocardium, whether primary or secondary to some other disease. It is usually limited to the valves, hence some authors use the term, Valvulitis.

Two distinct forms are recognized: the simple and the malignant, the latter is also designated as infectious, ulcerative, mycotic, and diphtheritic. The simple form is rarely fatal, but usually passes into the chronic form, thereby producing the vast majority of valvular defects known by the laity under the general name, Heart Disease, while the prognosis in the malignant form, is one of the most unfavorable in medical practice. All writers agree that recovery is extremely rare, and some deny that it ever occurs.

The disease may be primary in rare cases, but nearly always it is secondary to some other disease; of these the most frequent are rheumatism, diphtheria, scarlet fever, pneumonia, cancer, phthisis, gout, diabetes, Brights disease, gonorrhea, puerperal fever, bone necrosis, septicaemia and chorea.

On post mortem examination, the endocardium is found studded with vegetations, reddish yellow in color, some of which may have broken off, or necrosed, leaving an ulceration, which frequently perforates the heart valves.

In the mild form, the symptoms are not definite, there is some difficulty in breathing, the pulse is more frequent and often irregular, the temperature is one or two degrees higher, the patient is restless,



and there is usually a well defined soft blowing murmur in the mitral area, well conducted into the axilla. In the malignant form, the symptoms are more marked, there being chills, fever, sweating and often embolism. The chills are more irregular in severity than those of ague, the temperature varies more, from about two degrees below to five or six degrees above normal, the sweating is much more profuse, and the cycle lacks the periodicity so constant in malaria, the different phenomena occurring at any hour of day or night. The symptoms that aid diagnosis most, are the group due to embolism. These are variable, being the symptoms of embolism from any other cause, such as hemiplegia, local paralyses, pain, inflammation, or abscess of glands, infarcts, or occlusion of arteries. Albuminuria is a constant symptom, and hematuria is not rare. The physical signs are not definite, there are usually murmurs at both base and apex, but they are not constant, there may be the friction sounds of an accompanying pericarditis, and if the disease is grafted on to a chronic endocarditis, as is usually the case, its symptoms will also be present. Aside from the primary disease, to which the endocarditis is secondary, the complications are mainly the result of embolism. When we recall the pathological anatomy, how the heart valves, or even the entire endocardium becomes studded with delicate, friable vegetations, which are easily detached by the force of the heart beat, and carried along in the blood current, we can understand the great variety and extent of complications that may ensue; from the right heart, the emboli find their way into the lungs where they may produce either septic pneumonia or an infarct, resulting in necrosis or gangrene; from the left heart they are carried into the systemic circulation, and may find lodgment at any place. If of large size, they may plug an arterial trunk, in these cases collateral circulation is usually established without serious disturbances; in the spleen, liver, parotid, or other glands, there will be pain, enlargement, disordered function, or even abscess. In the brain, the results are most grave, owing to the fact that its arteries are terminal, and do not anastomose; here an embolism results in completely shutting off the blood supply from that portion of the brain to which the occluded artery is distributed, resulting in local or general paralysis, loss of consciousness, coma or death. Embolism of the coronary arteries is rapidly fatal, owing to cardiac anaemia. In addition to their mechanical effects, the emboli may convey the infection to their point of lodgment, producing metastatic abscesses.

The diagnosis of the simple form is difficult, because the symptoms are so slight as to be either entirely overlooked or else attributed to the concurrent disease. In the malignant form, the symptoms are quite distinct, but here also, the diagnosis is very difficult, owing to their close resemblance to those of other disease conditions. It is distinguished from typhoid by the absence of the rose spots and the tidal temperature, and the less marked abdominal symptoms. From remittent fever, which it closely resembles, it may be distinguished by the fact that the cycle of chill, fever and sweating, lacks the periodicity so characteristic of malaria. If to the history and symptoms of malignant endocarditis, there is added embolism, the diagnosis is established.

The prognosis in the simple form is good as regards life, but the patient usually emerges with a chronic endocarditis, which results in valvular lesions. In the malignant form; the prognosis is very unfavorable, most authors give death as the invariable termination. Dr. N. S. Davis, Jr., states that he has seen only one case recover.

The treatment of the simple form is absolute rest in bed, nutritious diet, and aconite or digitalis, as indicated to control heart action; in the malignant form the treatment in addition to the above, consists in the use of stimulant and supportive remedies, as iron, quinine, strychnine, strophanthus, or similar drugs.

#### CASE REPORT.

It has been my good fortune during the present year, to have treated a case of malignant endocarditis that resulted in recovery, and as this is a termination so rare as to even be questioned by some authors, I shall give a history of the case.

The patient, Miss D. A., is a single woman, age 35, and lives with her parents in the mountains of Colorado. The family history is negative, except that the maternal grandmother had rheumatism and some form of heart disease, which resulted in her death at an advanced age. The personal history records an attack of scarlet fever at two years of age, and typhoid at seven. Menstruation began at thirteen, and was normal until seventeen, when the patient suffered from a severe attack of measles; from this time the menstrual function steadily declined, until about three years ago, when it disappeared entirely, the patient however, enjoying good health with the exception of some indefinite nervous symptoms. On Dec. 16th, 1904, there was an attack of acute articular rheumatism, involving principally the knees. During the following month the patient began to have chills, fever, and very profuse sweating, while the joint involvement improved. Her condition steadily grew worse, she was taken to different cities in the state, and placed under the care of several physicians, until the latter part of February, 1905, when she was brought to Galena and placed in my charge. At that time she was being given large doses of antiperiodics, her trouble having been diagnosed as remittent fever. I found her much emaciated, weighing perhaps 75 or 80 pounds, a dull pinched expressionless face, some tympanites, a distinct murmur at the apex of the heart, and the left axilla, rather harsh in quality, temperature 100.6, pulse 84, and decidedly irregular. She complained of extreme weakness, constipation, severe headache, cramping pains in the limbs, chills and very profuse sweating. The last named symptom was so severe that the nurse was kept busy four hours at a time wiping the body with a large Turkish towel. I ordered the pulse and temperature recorded every hour, and began to study it. There was a well defined cycle of chills, fever, sweating, but the periodicity of malaria was wholly lacking, the temperature was ranging from 96.8 to 103.2, and the pulse rate from 68 to 100, but the variations occurred at any time of day or night. The heart murmurs were well defined, there was albuminuria, delirium, coma, heavily coated tongue, constipation, difficult breathing, occasional orthopnea and extreme depression, a fixed conviction of impending death. From the case history, the symptoms, and the fact that quinine had failed to control the temperature, I made a diagnosis of malignant endocarditis. In a few days this diagnosis was confirmed by the occurrence of embolism, which constitutes the most interesting feature of the case. The first embolus found lodgment in the left brachial artery at the origin of the superior profunda. A tumor the size of an egg developed with decided pain and tenderness, but it did not suppurate, and later disappeared. The brachial artery below the throm-

bus was completely occluded and felt like a hard fibrous cord; the radial pulse was of course, abolished, and the nutrition of the arm much impaired for about a month. when the collateral circulation became adequate, and there was even a return of slight pulsation at the wrist. Emboli occurred in the left facial, and right occipital arteries with similar symptoms, tumor and pain, the pain in each case being general over the entire area supplied by the vessels occluded, while one in the left tonsil caused a severe inflammation of that organ. An embolus in a branch of the splenic artery, caused enlargement of the spleen with aggravating pain, and one in the hepatic artery resulted in almost complete suspension of the function of the liver, and an increase of the organ to twice its normal size. A great number of smaller arteries were also involved. Pain was a prominent symptom throughout the case, a more or less severe pain accompanied each embolism, and there was a constant headache of varying intensity. As soon as diagnosis was made, the patient was placed on treatment, to be described later, which was continued until recovery. Improvement began at once, and continued without material interruption for two months, when the patient returned to Colorado. The first improvement noted, was a decrease in the range of temperature. At first the daily variation was about  $6\frac{1}{2}$  degrees, in two weeks it was less than two degrees, and gradually became normal. The pulse rate followed the temperature, but did not vary so greatly, being always between 60 and 100. The chills, frequent and severe at first, steadily decreased in frequency, and intensity for three weeks, when they ceased. The sweating was the last symptom to yield, not ceasing entirely until after the patient had left her bed. The paroxysms of sweating were irregular in time and duration, occurring usually after the chill, and in severity they exceeded anything I ever saw.

The essential treatment of this case consisted in the administration of strychnia about 1-10 gr. daily in divided doses, and inunctions twice daily of Unguentum Crede. This preparation is a German pharmaceutical similar in appearance to mercurial ointment and said to contain 15 per cent of colloid silver, upon which its action depends. A piece the size of a small marble was used as a dose and inunctions made in the axillae and groins alternately.

It is not my purpose to advertise secret proprietary preparations. I am bitterly opposed to them, and consider their indiscriminate use a reproach to the profession; but it would be remarkable if among the vast number now being exploited, a few were not found to possess genuine merit and among this small number Unguentum Crede undoubtedly belongs, and until some preparation of equal value is placed before the profession in an ethical manner, I shall smother my scruples and continue its use. Any doubt as to the role played by the preparation in this case should be removed by the relation of the following incident: Treatment was begun on Feb. 26th, 1905, on March 7th the temperature had become almost normal, varying less than 2 degrees daily, on March 18th, at the urgent request of the patient the drug was discontinued. On the following day the temperature rose to 101.4 and the general condition grew worse. The use of the ointment was resumed, and on the following day the fever declined and the patient's condition improved. The treatment was then continued until all acute symptoms had entirely disappeared. When the patient returned to her home she appeared to enjoy perfect health, she had a good appetite, slept soundly and weighed 136 pounds. There were heart murmurs indicating val-



vular defects, but the heart performed its function perfectly. She could take long walks and climb stairs with ease. Under roborant treatment the menstrual functions which had been absent for about three years, was restored, and the patient is today, one year after the onset of the disease, enjoying very good health; so I feel justified in designating this a case of malignant endocarditis with recovery.

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### CONJUNCTIVITIS.\*

D. F. LONGENECKER, M. D.

Emporia, Kansas.

The term "Conjunctivitis" is very comprehensive. It covers about all the diseases to which the conjunctiva is liable as the different diseases of this structure are all the result, directly or indirectly, of more or less inflammation. Its exposed position, great vascularity, and close connection with the nasal chambers, render it more prone to inflammation than most mucous membranes.

"Diseases of the conjunctiva form, on an average, 30% of all the affections of the eye falling under the care of the surgeon.

Their relative frequency, however, varies enormously according to latitude, climate, race, general environment, and condition, being sometimes as low as 10%, and often as high as 90 %."

In my own practice, during a period of 13 years, in which I kept complete case records, the proportion of conjunctival diseases to all other eye affections amounted to 20%.

By way of general pathology, I think that the most apparent feature of a conjunctiva in a state of inflammation, is the condition of the blood supply of the part. A healthy conjunctiva shows very few and small blood vessels. In hyperemia, congestion, or inflammation, they are increased in size and number, and if much congestion be present, exudation may take place, when the eye will become densely red or "blood shot." A moveableness and tortuosity of the vessels with clear sclera showing between, belong to hyperemia; a fixed deep redness, showing between the vessels, belongs to inflammation with

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\*Read before the Lyon County Medical Society at Emporia, Kansas, Feb. 5th, 1906. This paper was written to meet the needs of the hurried general practitioner, and so consists of a much condensed account of some of the prominent characteristics of the common form of conjunctival inflammation. It was not intended for publication, as it is long, yet more or less incomplete in particulars, and is sent to the Journal only by request of the County Society.



exudation. This fixed and deep congestion and redness must not be confounded with that, which is sometimes confined to the base of the cornea, the so called "circumcorneal injection" which accompanies iritis and cyclitis.

A pronounced characteristic feature of inflammation of the conjunctiva is increased amount of secretion. In health only enough secretion takes place to lubricate the parts, In hyperemia there is often a deficiency of secretion, giving rise to a stiffness and dryness of the lids. In inflammation there is a hyperactivity of the glands, and a secretion of mucus in excess of the normal amount, while in severe and toxic forms of inflammation the secretion becomes purulent. A great many forms of conjunctival inflammation are mentioned in the text-books, especially the older ones, and much confusion has necessarily arisen from the various divisions and subdivisions and lack of uniformity of nomenclature of the different authors. In presenting the subject I shall simplify it as much as possible, and in doing so shall make use of the classification of Swann M. Burnett, and treat of the disease under three forms: (1) Hyperemic or Congestive, (2) Catarrhal, (3) Purulent Conjunctivitis.

Hyperemia may be the beginning of a catarrhal or purulent conjunctivitis, or it may be present as an idiopathic condition. The most common type of this form of trouble is that afforded by irritation, due to some pungent liquid, or foreign body being introduced into the eye. There is an excessive determination of blood to the part, rather than an obstructed return, hence the engorgement is in the arterial system. There is in addition a watery suffused condition of the eye, but no mucous or purulent discharge. There may be pain on moving the lids, or only a weakness and sensitiveness to light. The question arises whether an abrasion of the cornea, foreign body beneath the upper lid, or the initial stage of a more severe conjunctival affection, or an incipient iritis is behind the cause of these manifestations. A careful search, aided, if need be by a magnifier and oblique illumination, should determine the presence or not of an abrasion or foreign body. The pupillary action, on sudden exposure to light, together with circumcorneal injection, if any, gives some hint as to iritis or not. The treatment is simple: Remove the cause if discernable, then apply a mild antiseptic, as boric acid, biborate of soda, perhaps a mild solution of cocaine if there is much pain, and protect the eyes from light by colored glasses.

There is a chronic hyperemia (or passive congestion) of the conjunctiva, which differs from the acute variety in being confined to the venous system of the part. Instead of being a determination of blood to the part, full arteries and so forth, there is a retarded and sluggish return, with full and tortuous veins. The usual symptoms are a sensation of heat, itching, heaviness of the lids, photophobia and often dryness as though the lids needed moistening, hence the occasional name "dry catarrh." The causes of this condition may be a chronic nasal catarrh, sequels of the exanthemata, residuum of some form of conjunctivitis, or eye strain from an uncorrected ametropia or disturbed muscular balance. It is sometimes very obstinate and will often last for

years in spite of the most persevering treatment. The first step in treating it is to remove the cause which keeps up or aggravates the condition. So each case must be carefully studied and if due to a nasal catarrh, that should be corrected. ametropia or muscular imbalance relieved by proper glasses, etc. The indication for direct medication is met by some mild astringent, as boric acid, biborate of soda, wine of opium and water, acetate of lead, sulphate of zinc, sulphate of copper, or formalin. Sulphate of zinc (2 grs to the oz.) and formalin (1 to 2000) are my preference. The condition known as acute catarrhal conjunctivitis may be the last step of an acute hyperemia, an accompaniment of an epidemic influenza, coryza, hay-fever, measles, scarlet fever, etc., but it is sometimes and more generally due to a specific cause and unconnected with diseases of the upper air passages or other general diseases. When it occurs as consequent to a hyperemia, it is frequently the means of which that trouble disappears; the retarded flow of the overfull blood vessels is relieved by free secretion, and an equilibrium in the circulation is thus restored. There are many conditions of mild inflammation of the conjunctiva that pass into more or less of a catarrhal conjunctivitis, as noted in aborting hyperemia, and in connection with the exanthemata, etc., but there is one condition that represents the ideal type of this disease, and that is the so-called "pink eye." It manifests itself in epidemic form, is highly communicable, and is produced by a certain specific germ.

"Dr. Weeks, of New York, (1886) discovered and isolated a germ, which he found to be a bacillus of a somewhat peculiar shape" To which he gave the name of acute conjunctivitis bacillus. "This same bacillus was noted by Koch, in Egypt, as early as 1883." Others, among them Hansel, Kartulis, and Morax have found the same bacillus in different countries. "Weeks made pure cultures of this bacillus and inoculated healthy conjunctivae with them and produced the disease, the secretion of which, in its turn, produced the disease in other eyes." Other observers have failed to find the bacillus of Weeks in outbreaks of acute epidemic conjunctivitis in their respective localities. It seems as though different localities have different micro-organisms as a cause of this epidemic manifestation. Gifford, of Omaha, did not find the bacillus of Weeks in epidemic conjunctivitis in Omaha, but the pneumococcus. Morax and Axenfeld found the pneumococcus in Paris and Wurzburg. Burnett, of Washington, found the diplococcus of pneumonia, and the bacillus of Weeks, generally the latter, in discharges of acute conjunctivitis in his locality. Gasparina found that the diplococcus of Frenkel and the micro-coccus Pasteuri of Sternberg would cause a conjunctivitis of a muco-purulent character. That acute conjunctivitis is caused by various infectious material can not be doubted.

"All of the microbes found in purulent matter, however, are not obnoxious to the conjunctiva; for pus of ordinary hordeolum or even of acute dacryocystitis, does not give rise, as a rule, to a pronounced purulent conjunctivitis, though there is usually associated with them a hyperemia or passive congestion of the membrane." The condition of the patient and the general environment play a most important role in these epidemics.

Acute catarrhal conjunctivitis is the most common of all forms of conjunctival inflammation, therefore you are all familiar with the symptoms. First there is hyperemia, which in idiopathic cases, lasts from a few hours to a few days. The discharges are first watery, then

assume a mucous or possibly a muco-purulent character. The eyes become quite red, and may be painful, or only manifest a sense of discomfort. The lids become swollen and are more or less heavy and stiff, and after secretion has fully set in, are gummed together on awaking in the morning. On separating the lids flakes or stringy mucus is seen between the lid and the eyeball. The intensity or mildness of the inflammation, regulates the severity of the different manifestations, among which secretion is the most characteristic. Treatment—The majority of cases, when the infection is not strong, need little more than rest, protection from wind and light, and cleanliness. In fact most of the cases in rural communities make good recoveries without even the aids just mentioned. Abortive measures are not very successful, hence the early treatment should be mild. Together with rest and protection from light, the eyes may be washed with boric acid, (10 grs. to the oz.) every few hours. If the eyes are hot, as they will often be in the early stages, cloths wrung out in cold water, or lead water and laudanum may be laid on the closed lids. The gumming of the lids during the night, which is a source of great annoyance and detriment, is prevented by anointing the edges of the lids with vaseline or yellow oxide of mercury salve. Astringents will be effective when the secretion stage sets in, and of these are generally used, biborate of soda (10 grs. to the oz.) sulphate of zinc (2 grs to the oz.) or formalin (1 to 1000 or 2000) every four to six hours. Formalin, unlike the other astringents, if not used too strong, is not detrimental in any stage of the disease, and so is a remedy that is rapidly growing in favor among oculists. Should there be an excessive purulent action, with a tendency to hang on, nitrate of silver (2 to 3 grs. to the oz.) applied to the turned lids, is sometimes most effective. For corneal involvement from ulcer or abrasion, atropia may be resorted to. Care must be taken to guard against infection, so all cloths or towels used by such patients, should be studiously avoided by others not so affected.

The microscope during the last decade has brought to light a new bacillus, that is responsible for subacute or chronic conjunctivitis. It is a diplo-bacillus and was first discovered by Morax in '97. It is quite distinct from the bacillus of acute conjunctivitis of Weeks. "The disease is very insidious in character, frequently beginning so gradually that the patient could not tell when it really began, and running a course of six weeks to six months, during which the main symptoms were a slight redness and hypersecretion of the conjunctiva and very moderate subjective symptoms. Often, in fact, the only thing which brought the patient to the doctor was the persistence of a slight agglutination of the lids in the early morning." Some of the early writers on this bacillus have modified their views as to the mildness of the disease produced by it, as they have since observed it to start in a stormy manner, with well marked swelling of the lids and redness of the conjunctiva, and in a number of instances, to have apparently caused severe corneal ulcers. Doctor Gifford, of Omaha, who stands high as a bacteriologist, gives an interesting account of how he tested the specificity of the bacillus on himself, which at the risk of adding to the lengths of this paper I will briefly reproduce.



"On the evening of Feb. 4th, 1898, I put into my right conjunctival sac a bit, the size of a pin head, from a serum culture of the third generation. Toward the latter part of the evening the eye felt a little painful and irritated, but on the next day and for the greater part of the 6th, the eye appeared normal. During the evening of the 6th, however, while at work, the eye began to feel decidedly irritated and hypersecretion was quite pronounced. The next morning the lids stuck together and there was quite a collection of pus at the inner canthus. For the next two weeks the condition remained about the same, during the day the eye would feel practically normal although the conjunctiva was decidedly hyperemic, but in the morning after a little close work, the eye would begin to feel irritated and the vision somewhat blurred. The lids would be stuck together in the morning and show an abundance of the diplobacillus. Up to this time I had been careful to avoid infection of the other eye, but now I purposely washed both eyes in the same basinful of water and was rewarded after a few days by the appearance of a similar inflammation of the left eye, the discharge showing the diplo-bacillus in cover glass specimens and in serum cultures. A single application of a collyrium of chloride of zinc (1 gr. to oz) gave prompt relief, but the symptoms returned after several days and four or five applications were necessary to rid my conjunctival sacs of the germ."

The zincs, either the chloride or sulphate, seem to be specific for this germ, and also for the pneumococcus as well.

Purulent Conjunctivitis, unlike the conjunctival inflammations, hitherto considered in this article, entails more discomfort and suffering throughout its course and may end in permanent impairment or loss of vision. The blind asylums of the world show a large percentage of inmates, variously estimated from  $\frac{1}{3}$  to  $\frac{1}{2}$  as coming from this disease alone. It is an infectious disease, due to a specific germ, and most frequently to the diplo-coccus of Neisser, found in the discharges of gonorrhea. Other microbes, however, besides the gonococcus may produce purulent conjunctivitis. Investigations have revealed the presence of straphylococcus pyogenes aureus and albus, streptococcus pyogenes aureus and the pneumococcus, in purulent conjunctival discharges. Which particular microbe thrives, and becomes active and prolific, no doubt is largely determined by the condition of the conjunctiva at the time. The first symptoms are those of the forms of inflammation already considered, hyperemic or catarrhal. But if the virulence of the poison be at all intense, the lids soon become somewhat hard, red and swollen, the surface of the skin smooth and glistening, The discharges at first are usually thin and not great in amount, but soon show flakes and become more abundant, The temperature of the lids shows marked elevation as well as that of the general body. The conjunctiva will be seen, on separating the lids, to be very vascular and much infiltrated with serum, with occasional densely red spots due to hemorrhage. The second stage soon follows, in which a copious purulent discharge is the chief feature. The pus becomes thick and creamy, abundant in quantity, and is constantly escaping from between the lids. The upper lids, during this period of the trouble, become more infiltrated, hard and board like, and hang down over the lower lids, making it almost impossible to elevate or separate the lids sufficient for corneal inspection.

But as the chief danger to the eye lies in corneal involvement, this



examination must be made frequently and with great pains. The corneal implications may come from two sources: Its epithelial and anterior layers, from constant contact with the purulent matter, become macerated and destroyed, allowing the microbes to penetrate the corneal tissue. In other instances the tense swelling around the base of the cornea, due to chemosis, causes such pressure on the channels of nutrition, as to bring about ulceration or molecular death. The corneal implication usually takes place at the edge, under the overlapping chemosis. The disease is self-limited, and if left to itself, runs its course in from 3 to 6 weeks, if the cornea has escaped serious complication, and generally ending in a thickening of the membrane with a chronic muco-purulent discharge.

Treatment—In line with the modern idea of prophylaxis and our knowledge of the germ origin of the disease, preventive measures should be adopted whenever possible. When one eye alone is affected the other eye should be hermetically sealed through the agency of a properly applied bandage. Buller shield, or other device of similar purpose. Should there be good ground for belief, or even a suspicion, that some infecting matter had found lodgment in a healthy eye, a few drops of a 1 or 2% solution of nitrate of silver should be dropped into the eye, or applied to the everted conjunctiva at once. Some authors hold that appropriate solutions of bi-chloride of mercury or formalin, on a mere suspicion, may be substituted for the silver. As nitrate of silver possesses the power more than any known drug, of destroying this poison, substitution may be fraught with dangerous consequence. Ground for suspicion, even, should call for the nitrate of silver, or nothing more than cleansing with sterilized water or boric acid solution. During the period of hyperemia, which is usually short, and generally past before the surgeon is consulted, mild treatment, as recommended for a simple hyperemia is applicable, (as mild antiseptics, cocaine, cold water, etc.) When the stage of secretion has already set in there is only one remedy, nitrate of silver. It has the antiphlogistic properties, is germicidal, and destroys the epithelial layer of the mucous membrane and with it the germs that there find an abiding place. As to strength, when the secretion is not abundant and the swelling not great a solution of 2 to 5 grs. to the oz. of water, may be brushed over the conjunctiva several times a day. But when the lids are greatly swollen, and the discharge is excessive, the strength of the solution may be 10, 20 or even 40 grs. to the oz. The effect of the stronger solutions should be in a measure diminished by the immediate application to the closed lids of cloths wrung out of ice water. The strong applications, need not be made oftener than once in twenty four hours, and when made should be limited to the palpebral conjunctiva, and washed off with salt water before allowing the lid to return to its usual place. As understood in recent years, the stronger applications are more intensely germicidal, and consequently stronger agents for good, in the virulent or malignant variety. The next agent in rank, after the various silver preparations in use, is, in the opinion of most authors, formalin, in 1 to 1000 or 2000 solution. Permanganate of potash, with which I have had no experience is recommended by some in 3 to 10 grs.

to the oz. of water. After placing our trust in nitrate of silver, much help can be given that agent by thorough and persistent cleansing of the eye. The cleansing agents may consist of sterilized water, boric acid, bichloride of mercury, or formalin solutions, and should be applied to all parts of the mucous membrane containing pus, often enough to keep the eye clean, varying from 10, 20, or 30 minutes to 3 or 4 times a day. In the early or advancing stages ice cold applications are of undoubted efficiency. Cold, it is held, to some extent, hinders and retards the activity of the infecting germs. But when secretion has been firmly established, some doctors, following the method of Dr. Connor of Detroit, resort to the periodic application of heat, on the ground that a temporary hyperemia, increases the activity of the circulatory and absorbent vessels, and thus relieves stasis and promotes absorption.

We must never lose sight of the fact that in the terrible conflict being waged in the conjunctiva, we are fighting not alone for the integrity of the conjunctiva, but the cornea as well. Standing first, as a means of preventing corneal inflammation or ulceration, is scarification of the tense chemotic bank that surrounds the cornea. The chemosis may rise above and overlap the cornea, as a certain point only, or, possibly the whole distance around its border. If great swelling of the lids accompanies the chemosis, and thus increases the pressure upon the circulation of the part and further enhances the difficulty of properly separating the lids for cleansing purposes, the palpebral fissure should be widened by division of the outer canthus. Should the cornea take on a cloudy or steamy look, as sometimes is present for a while before ulceration sets in, the application of heat may avert the latter. A very convenient way of applying the heat is by means of hot water directly to the parts, as suggested by Dr. Connor, and is accomplished by immersing the eye, lids closed, in a tumbler of hot water, full to the brim, and as hot as can be borne. The bathing may be repeated every 1, 2, or 3 hours according to the urgency of the case and the effect produced.

(To be continued.)

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### **PNEUMONIA.**

E. SMITH, M. D.

Lawrence, Kansas.

We often speak or write of pneumonia as though there was but one form, and yet I think you will agree with me that there are two distinct forms, one properly called lobar pneumonia, where one, or sometimes both lungs are involved, but usually unilateral, and primary, with its sudden onset, rusty sputa containing pneumo-coccus, running a typical course, with crisis from the 4th to the 8th day.

The other, or broncho pneumonia, of mixed infection with its gradual onset frequently secondary to lagrippe, bronchitis, rubeola, and other infectious diseases, the inflammation extending from the larger bronchial tubes, involving groups of smaller tubes, and surrounding tissue; bilateral; running an indefinite course the inflammation receding in one part, advancing in another; the patient much better one day, and not so well the next; the disease often pursuing an irregular course of a few days, or a week; frequently fatal in infancy and old age.

This type constitutes 75 per cent of our pneumonia cases, and has a death rate exceeding that of tuberculosis.

The remedies recommended for pneumonia are numerous, and indicate that its treatment is still in the experimental stage.

Shaller<sup>1</sup> claims that if aconitine is given at the beginning of the disease, congestion will be checked, and the disturbed circulation restored to normal, and the inflammation prevented, or even if the inflammation has commenced, it may be checked, and its further advancement prevented.

To thus abort pneumonia the treatment must be commenced early.

Dr. P. A. Aurness of Minneapolis<sup>2</sup> reports the treatment of over 100 cases of lobar pneumonia with specially constructed ice bags, without a death. The ice bags were made of soft rubber shaped to fit under the arm, with drainage tube so attached, as to drain the water from the bags as fast as formed, thus keeping the ice in contact with the surface. Internal medication including 5 to 15 drops of creosote carbonate every four hours was not neglected, and as Dr. Stackhouse<sup>3</sup> claims to cure either type of pneumonia, mild cases if seen early, in 24 hours, severe cases in four or five days, with creosote carbonate carbonate, it is possible that Dr. Aurness' success may have been due to the creosote carbonate, and not to the ice.

Dr. Beverly Robinson<sup>4</sup> concludes some general remarks on the treatment of pneumonia, with the following five propositions: 1. To begin judicious rational treatment immediately and to continue it during the attack. 2. The most useful single agent in treatment (preventive and curative) is creosote, used preferably in inhalations, properly given and continued for a sufficient length of time. 3. Strict avoidance of extremes of treatment in any direction, whether it be toward the use of so-called specifics or the employment of certain drugs, notably digitalis, and strychnine. 4. It should be graven on our minds that pneumonia may be throttled or minimized most surely in the beginning. Later, when the disease is fully developed our role is inferior but should consist mainly in doing least harm. 5. Harm proceeds invariably from ignorance or undue enthusiasm.

Zuccala<sup>5</sup> is convinced from the success he experienced, in 14 cases of pneumonia, from the administration of large doses of digitalis (60 to 75 grs. a day, in infusion) that the drug has a specific influence, and he regards venesection as a valuable adjuvant.

A. Americano<sup>6</sup> claims that digitalis in large doses has a specific action in pneumonia. H. Allshul<sup>7</sup> states that he has not had a death in 12 years in 62 cases of pneumonia, treated with potassium iodide. He prescribes 10 to 15 grains, and increases this dose by 5 to 10 grains every two hours day and night, according to the severity of the case.



Mr. Gay attributes the recovery of two very severe cases to injections of diphtheria antitoxin. H. L. Elsner<sup>9</sup> strongly objects to the use of nitro-glycerin in pneumonia, as it increases an already dangerous degree of vasomotor relaxation, and recommends strychnine, digitalis and adrenalin.

Holt<sup>10</sup> does not believe that there is any treatment by which we can abort or shorten lobar pneumonia, that it is a self limited disease, having a strong tendency to recover in the great majority of cases, regardless of the treatment adopted. He recommends phenacetin, when the patient is restless, fretful, or sleepless, and cold sponging for temperature; he also thinks that cold is the best antipyretic. In broncho-pneumonia—he recommends counter irritation and the oiled silk jacket, and in cases with collapse, and cyanosis recommends<sup>11</sup> strychnia, nitroglycerin and alcohol; Shoemaker states<sup>12</sup> that strychnia is a physiological antagonist of nitroglycerin, and Dr. J. W. French<sup>13</sup> (13) states that alcohol and strychnia are opposed in their therapeutic effects, that their conjoint use is an absurdity; that the keynote of strychnia is stimulation, that of alcohol, paralysis.

Is it not true that with both nitroglycerin and alcohol, the heart beats more rapidly, with lowering of arterial tension, in the lungs and elsewhere, that the vast network of capillaries is dilated, filled with blood; and oxidation, already interfered with by the inflammatory process is still more retarded?

With nitro-glycerin, the blood is acted upon as by acetanilid, assuming the same chocolate color due to the formation of methemoglobin, and is not the same true of alcohol to a greater or less extent?

In treating pneumonia, of either type, we should remember that in all fevers the secretions are checked, interfering with digestion, and should begin by cleaning out the primæ-viæ and should keep careful supervision of the feeding; especially is this true of infants and young children that are fed milk, since the attendants will frequently give them milk instead of water to quench their thirst, not realizing that milk is a food, that will make trouble if not digested.

I have seen good results from the use of aconitine, but with high temperature I think there is nothing equal to a cold sponge bath whether in the early or later stages of the disease and to one who has seen the improved heart action, and the quiet refreshing sleep that follows, it seems strange that any should resort to the coal tar derivatives for either fever or restlessness.

In secondary cases with low temperature and weak heart action, which we sometimes see, hot applications are indicated but I doubt their utility in acute cases with high temperature, and I cannot understand how it will benefit a patient with an inflamed lung and high temperature to envelop this thorax in cotton covered with oiled silk to retain the heat.

In broncho pneumonia I have used ammonium carbonate, believing it to be both a respiratory and heart stimulant, and have faith in strychnia where a heart tonic is indicated.

(Editor's Note.) The use of quinine should be added to the catalogue of drug treatments outlined above. Fifty grains are given in



the first dose and 25 grains more within an hour. See recent issues of the Journal of the American Medical Association.

1. Shaller's Therapeutic Guide to Alk. Med. p. 52.
2. The Journal of the A. M. A., Vol. 44 p. 1737.
3. The Journal of the A. M. A. Vol. 44, p. 1965.
4. International Clinic 1905 Vol. 1 p. 199.
5. International Clinic 1905 Vol. 1 p. 200.
6. International Clinic 1905 Vol. 1 p. 200.
7. International Clinic 1905 Vol. 1 p. 200.
8. International Clinic 1905 Vol. 1 p. 200.
9. International Clinic 1905 Vol. 1 p. 200.
10. Disease of Infancy and Childhood, Holt, p. 531.
11. Disease of Infancy and Childhood, Holt, p. 512.
12. Materia Med. Pharmacology & Therapeut. p. 439.
13. The Journal of the A. M. A., Vol. 44, p. 1846.

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**Cancer Cures**—There is an ancient legal maxim, "Ubi jus, ibi remedium," which is usually rendered into English as "There is no wrong without a remedy," We need not stay to inquire whether this aphorism will hold good universally in law. In medicine, unfortunately the analagous principle that for every disease there is a remedy cannot be maintained at the present time, or if it be true, the remedies for many morbid conditions are utterly unknown to us. Year by year our powers of dealing with disease increase; many maladies which formerly were able to bid defiance to all our therapeutic measures are now almost completely under control. There are, however, unfortunately many which refuse to be amendable to any form of treatment as yet known to us and probably the most striking member of this group is cancer.

It is now almost universally admitted that malignant disease is local in origin, though some constitutional conditions may favor its appearance and spread. When cancer was thought to be "constitutional" in origin, its topical removal by surgery was looked upon as impossible, but now that we feel sure that its origin is local, surgery can remove the disease completely if the operation be undertaken before the neighboring lymphatic glands are involved or dissemination has occurred. At the present time, if the word "cure" can be applied to any procedure in connection with cancer, it can be applied to the early removal of the diseased tissues; but, even in this case, it is doubtful if "cure" is the most appropriate term to employ, for the diseased tissues have been removed and not restored to a state of health. This, however, is only a question of nomenclature and the fact remains that the early and complete removal of the cancer is at the present time the only satisfactory treatment of the disease. There remain, however, very many cases in which the complete ablation of the diseased tissues is impossible, whether from the original site of the cancer or from the extent of its spread and therefore some other method must be adopted.

The attempts to get rid of the morbid growth have been many and every year sees the introduction of new remedies or the resuscitation of some already discarded. Every method is accompanied with a list of cases which have been "cured" but, alas, the results of the trial of the method by others are seldom so favorable as those first attained. Sometimes the new treatment is the outcome of theory. At one time it was imagined that cancer contained an acid and if this were so, the obvious treatment would be the use of alkalies. Alliot in 1698 said that "the cure of cancer consists in the mollification of acids by alkalies and absorbents." Therefore, ammonia, was used both internally and externally and much benefit was said to have resulted. Vogel in 1769 wrote a book called "*De Curatione Cancris per Aquam Calcis Vivae.*" and the results he described from the use of lime water were excellent. The effects of chemicals on cancer cells have served to introduce some therapeutic methods. Methyl-violet was at one time used chiefly because it showed an affinity for the cancer cells as seen in sections under the microscope. Broadbent in 1866 spoke highly of the local injection of acetic acid and the basis of this treatment appears to have been mainly the action of the acid on the cell walls and nuclei of cells on the microscopic slide, and therefore, it "might be expected to do this when the cells were in situ." His results were certainly striking. It was suggested in 1809 by Samuel Young that pressure might lessen the nutrition of a cancer and assist the absorption and several ingenious devices for effecting suitable compression were published. The best known of these was that introduced by Neil Arnott and marvelous "cures" of cancer by these means were described but unfortunately we cannot be certain that the patient was really suffering from cancer. Recently trypsin has been recommended and one of the arguments in favor of its employment is that the secretion of the pancreas probably has a deterrent effect on the production of cancer, since malignant disease is rarely met with between the opening of the pancreatic duct and the ileocaecal valve—that is to say, in the part of the bowel where the pancreatic juice is active. As it is still being employed, it is yet early to express a definite opinion. Other digestive liquids have, however, been employed long ago, gastric juice is said to have been useful, and papain has also been tried.

In these latter days, light rays and x-rays have been shown to have a very decided curative action on the superficial forms of carcinoma, such as rodent ulcer, and it is now well established that these varieties of malignant disease are curable by such means. It is of interest to note that in 1776 Le Comte employed the rays of the sun concentrated by a lens in the treatment of a cancer of the lower lip and the growth is said to have disappeared. The value of "serums" in various diseases naturally suggested the attempt to prepare an "anticancerous serum" Doyen described a bacillus neoformans and from it prepared an anticancerous serum from the use of which he obtained definite improvement but other observers have failed to get satisfactory results. In the *Lancet* of April 7th (p 955) Dr. A. Paine and Dr. J. D. Morgan described their observations on a series of cases in which Doyen's serum was employed but in no case was any benefit seen. Dr. C. Jacobs and Dr. Victor Geets of Brussels in the same issue of *The Lancet* (p.

964) published a paper in which, while agreeing that Doyen's serum was valueless, they maintain that "it is practicable to immunize the human organism by means of a series of inoculations of the micrococcus neoformans vaccine provided that these are properly controlled by examinations of the opsonic power of the blood." We acknowledge the importance of this communication and await with interest the results of a further trial of the method.

In giving this brief review of the treatment of cancer we have omitted many drugs employed at one time or another but we have mentioned enough to show that many substances have been brought forward from time to time as curative of cancer and often detailed accounts have been given of the progress and improvement of the cases and yet in other hands the treatments has proved useless. To what are we to ascribe this apparent inconsistency? The chief explanation is to be found in errors of diagnosis. Even now, when we possess many aids to diagnosis, which our predecessors did not have, errors as to the nature of a tumor are by no means rare. They must have been very common in the past. A chronic mastitis of the breast may be indistinguishable from carcinoma until cut into or even until a section has been examined microscopically. We can hardly imagine that pressure could cause the absorption of a true scirrhus of the breast and we are forced to believe that the cases in which the use of Arnott's pads was followed by a disappearance of the tumor which in reality cases of chronic inflammation of the breast. Another factor in the production of the curious history of cancer cures is the irregularity of the course of cancer. Though as a rule a malignant growth steadily progresses to a fatal issue, cases are seen in which the diagnosis has been indisputable and confirmed by microscopic examinations, yet for some unknown reason the extension of growth ceases, to be replaced by atrophy, and sometimes even the whole mass may disappear. This has occurred even when no treatment has been employed. If, however, there has been administered any drug at the time when the growth has diminished that drug will surely get the credit of the improvement and in this way the reputations of many drugs have been made. We must, from careful consideration of all the facts, be led to the conclusion that in a vast majority of recorded cases, where malignant growths have been said to be cured, the growth was not cancerous, but we must express our dissent from the view maintained by some that the disease in all such cases was not really malignant because it was "cured." We have hope in the future. The discovery by Professor Jensen of an inoculable form of malignant disease in mice has made it easy now for us to try the effects of remedies in a way that was impossible when we were limited to cases occurring in human beings. We think that by this discovery Professor Jensen has done much to further the advance of the study of cancer and we heartily approve of the action of the Royal college of Surgeons of England in according to him the Walker prize. Not merely, however, in the cure of cancer when it exists, but in the prevention of the disease the greatest future advance will lie.—The London Lancet.



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## OUR BOSTON PARTY.

For some weeks arrangements had been making with the intention of having a good Kansas representation at the Boston meeting of the A. M. A. On May 30, twenty-seven people had written or telephoned that they would go. The plan adopted was to have the party get together at Kansas City and go by special car from there, leaving at 6:15 p. m. on May 31, and going over the Chicago and Alton.

The "hosts" began to gather early in the day and the time was spent in pleasant reunions, a visit to the new hospital and laboratory buildings which our University is now erecting at Rosedale, a visit to the German hospital of Kansas City, Mo., etc. By train time our party, which by common consent was headed by Dr. R. A. Roberts, of Kansas City, Kans., was joined by a number of the professional brethren from Missouri. These were Dr. and Mrs. T. J. Beattie, Dr. and Mrs. W. J. Frick, Dr. and Mrs. C. Lester Hall, and daughter, all of Kansas City, Mo., and there were also in our party Dr. Desmond, wife and daughters of Plattsburg, Mo., and Dr. Brannen of San Francisco, Calif.

We got away from the Union Depot on time and without special incident except that one member lost his pocket book containing most of his money and this caused a little agitation for a short time when the incident was happily closed by the member's finding his missing property in a pocket where he commonly carried only letters. Our train started with a speed that was not at any time alarming and on the hill west of Independence stopped entirely and we were compelled to wait till the engine could be sent on for assistance. We reflected



that this stop was safer and less expensive than the stops the trains made in this same region in the palmy days of the James boys—and the reflection reconciled us.

At Marshall, Dr. Gore and wife joined the party. Remainder of the trip to Chicago was without special incident other than a good breakfast served in the Alton's diner and the fact that most of the time lost at Independence was made up.

Once at Chicago, the Kansas members, or most of them went out to see the city. We noted the broken wing, now completely razed, of the City Hall, caused by the position of the Subway and learned that they expect to take down the balance of the structure. Our greatest interest was in the hospital of the Alexian Brothers. It has 296 beds and is built in a quadrangle about a court, the rear side being used for the Brothers and for the internes, the other three for hospital proper. It is rather large—one hundred feet square and four stories high—very light, and unusually commodious. The floors and base boards are of artificial granite, and all corners are rounded. Around the hospital is a delightful park and a free dispensary is maintained. Only men and boys are received. During our stay, Dr. Smith was doing some genito-urinary operation—we did not see what—and a fractured femur was redressed. They put on a long posterior splint and a short anterior one and they left less flexion at the knee than is customary in such cases.

At Lincoln Park, we spent some time in the museum of the Chicago Academy of Science. Their collection of specimens is rare and valuable. Out in the park we looked with interest at and around a big boulder on which is fastened a brass plate stating in effect that it marks the spot near which is buried David Kennison, last survivor of the "Boston Tea Party," and that he died in Chicago, Feb. 24, 1852, aged 115 years, 3 months, and 17 days.

At Chicago our car was joined by two from St. Joseph, Mo., one or two from Iowa or Minnesota and some from Chicago, all carrying physicians and their guests. We went from this place as a "doctor's special" under the efficient management and personal care of Mr. Hopper of the Grand Trunk. At South Bend we took dinner on a dining car but our whole party desired to eat at once and we simply swamped the force in the car. At Battle Creek, the headquarters of "foodless foods," we made a stop and many got off to get something from the eating houses that would tide over till a full meal could be had. Dr. Stevenson of North Dakota was one of those who alighted from the train and, in his hurry to re-embark, he fell and sustained a Pott's fracture of the right side. He was splinted up with a Pullman pillow and

some improvised bandages, carried on to Lansing, and there turned over to the hospital. This accident caused some depression to the spirits of those who knew of it and the doctor left us with our most cordial sympathy and sincere hopes for his recovery.

Some of our members were awakened by the "loud" smell as we passed through the tunnel under the St. Clair river. Nothing came in, however, except the odor and even that was not more choking than the one to which we had become accustomed in the packing house district in Kansas City. Baggage on the Grand Trunk trains is bonded and no investigation is ordinarily made by the custom officers—the baggage going out as it came in. The hand baggage is ordinarily not greatly searched, the officer simply sticks on a blue label stating that the package contains no dutiable articles and says no more. On our return we also passed under the eye of an immigration inspector and saved \$2.00 each by being able to assure him that we were citizens of the United States.

On Saturday morning, June 2, we noted tall timber again such as we had seen in northern Indiana, but very different from the timber of Michigan. Pines and cedars are here seen in abundance and the country is well covered with the red boulders of the glacial drift. Those boulders are found more than two hundred miles further south in western Missouri and eastern Kansas than they are in Illinois.

We ran on to Niagara Falls, Canada; thence to Suspension Bridge, New York; and finally up (2 mi.) to Niagara Falls, New York. At Suspension Bridge we saw the Niagara for the first time. It is here in the "gorge" and is very beautiful, but some members of the Kansas party confessed a little disappointment that it should look so small. It LOOKS here only 150 feet wide.

At Niagara Falls Dr. Dickinson and husband of Pittsburg joined our party. (They had been on the train before, but had not been among us until now.) We heard a woman talking of the "extension bridge," we saw the inevitable bride—she was both pretty and modest—and while standing at the east end of the American Falls we heard a well built young man explaining to his sweetheart in answer to a question from her, that of all the ships that have ever gone over the falls only one was saved. Said he, "During the war between England and America, they cut a lot of ships loose above here and they could not stop even with all the crews on." This seemed interesting history and we hasten to pass it along. Niagara Falls is all that its friends have claimed for it, but we noticed that the ubiquitous dandelion is getting started in the parks and hitherto this weed has been able to "queer" the popularity of anything.

We left this place at 1:30 and arrived Toronto, Ontario, about 4 p. m. The local profession met us at the station, took us up town, and showed us around. We saw the Medical Library, went through the Parliament Building—every Canadian removes his hat when he goes into it—Queen's park and the University of Toronto. This is about the same as our State University. They have a most beautiful auditorium almost completed, but considering that they are a hundred or more years older than we are, we did not feel humiliated, we did not so much as hint that our auditorium is only begun. They also showed us many other points of interest about the city, and besides giving us the "glad hand" in general furnished us refreshments and introduced us to their ladies who smiled on us or at us—somewhat.

The British Medical Society—the medical society of the whole of Great Britain—will meet at Toronto next month, August. Beside the great medical men from England, Scotland, Ireland and Wales they expect a number from the colonies and visitors from other nations. They mean to make this the greatest medical meeting that has so far occurred and we wished them success in it.

Toronto is a solid, clean town, of 240,000 inhabitants and seems especially clean medically. In a considerable itinerary about its streets we did not see a single quack or even questionable medical sign. Dr. Potter of St. Joseph, Mo., and other competent observers were remarking on this fact.

During the night we ran down to Kingstown from which point we took steamer "Toronto" on morning of June 3 for the trip down the St. Lawrence. This was the first trip of the season for the steamer and there were fully two hundred and fifty more passengers than they expected. It happened that these and the hundred that had been expected all wanted breakfast at once. This made a little temporary confusion since the dining room would accommodate only one hundred and twenty-five. Our little troubles were taken in good nature, however, and all were soon enjoying the kaleidoscopic scenery of the Thousand Islands. At Prescott we transferred to the steamer Brockville and proceeded on to Montreal. In passing some of the rapids, of which there are several sets in the river, we encountered seething, foaming masses of water fully ten feet high, and on one occasion scraped our bottom on a rock. This gave some alarm to those who understood the situation, but no harm came of it. At Chateau we passed the first bridge of the St. Lawrence. It is built so as to connect several islands thus finally spanning all the river. The top of the wharf which is just above this bridge is finished with a six inch elevation all about its edge. We did not learn the why of this elevation and only mention it to assist



the reader in understanding the position of a man and a very obese woman who were sitting flat on this wharf and fishing over the elevated border. (Sunday fishing seems rare in Canada.) We passed near them and some of our party accosted them and offered a variety of advice but they did not answer—just fished on as though it were important.

The Ottawa river flows into the St. Lawrence from the north. Its red water does not soon mix with the blue-green water of the St. Lawrence and for miles they may be seen as separate streams in the same channel.

Elbert Hubbard with lady was on the Brockville and made a short lecture in his characteristic style. (Speech was to the effect that we eat too much.) As usual some of his hearers liked and endorsed it and some did not.

Nearing Montreal we passed under the Victoria bridge which is probably the longest bridge on piers, in the world; surely the longest in America, being somewhat over a mile long. Montreal is a quaint old "Frenchy" city with a population of 400,000 and a perfectly solid hold on the business of this part of the world. It is the seat of McGill University—the alma mater of Wm. Osler and our own Dr. Naismith, the popular secretary of the N. E. District society. This school has in all departments about 3800 students and with the single exception of the Massachusetts Institute of Technology, maintains the best course in applied science of this continent—which probably means the best in the world. Their medical course like that of the University of Toronto is five years long.

Leaving Montreal at 8:20 p. m. we saw no more of the country till we were about down to Concord, N. H., on Monday morning. From here we followed the Merrimac for an hour or more passing many mills and the like. The products of this region appear to be chiefly wood and stone. Their industries certainly do not seem to run in pastoral lines. At 8:00 a. m. Monday, June 4, we arrived in Boston. Our party as a party was soon broken and scattered, each going to his own section, seeing points of interest, etc.—provided always, he could find his way. Boston's streets were laid out, named, and numbered on no particular plan or combination of plans. The name of a street may turn down a side street as does Boylston, or it may grow weary or stop before the street does, leaving another name to cover the balance, as in the case of Atlantic Ave., which gives way to Causeway St., though the thoroughfare remains the same. The numbering of the houses does not proceed regularly, thus, one side of a block may be 200 and the other side 400, all of which tends to confuse a stranger. The people,



however, are exceedingly considerate and go far beyond reasonable trouble to help one find what he wants to or to go where he desires. This courtesy was so marked and so universal that it was a continued wonder to us. We saw it in policemen, hackmen, street car men, autoists, merchants, barbers, hotel people, and private citizens. All in all it was the source of the most pleasant memory we brought from Boston, and our pleasant memories of Boston are not a few.

There are two medical schools here, Tufts and Harvard. Tufts is on Huntington Ave., and Harvard is at Exeter and Boylston, but will move at once into their new buildings on Longwood Avenue. These new buildings, five in number are deserving of special mention. They are arranged about a court which is open to the street, are built of white marble and constitute an unusual combination of beauty and utility. One who would not get an inspiration there could not be medically inspired.

In looking over some tuberculous pork at Harvard we fell in with one of the men who make examinations for the packing house at Boston and was greatly surprised to learn from him that one half of one per cent of the hogs killed in Boston are tuberculous, that over seven per cent of them have dead or disintegrated trichinae, and that one and forty-six hundredths per cent have live trichinae. (These exams. ceased on June 1 because they did not pay financially, and the presumption is that all this meat is now on the market.) Harvard holds that human-kind can and does occasionally acquire bovine tuberculosis from milk or meat. There seemed a disposition to consider human, avian, and fish tuberculosis as one, rather than to recognize another variety in the bovine modification.

It is not possible to report the sessions here. Governor Guild of Massachusetts, Mayor Fitzgerald of Boston, and Dr. Cabot for the local Medical Society all made addresses of welcome at the opening session. So did Pres. Eliot of Harvard. In his inaugural address Pres. Mayo rapped the nostrum evil hard. Dr. A. Jacobi, on Thursday, in the section on Practice, also took another fall out of the profession for our part in starting this evil and in keeping it going. On Wednesday in the session of Delegates, Dr. Victor Vaughan, took some exceptions to the exposures of nostrums and food adulterations recently made in the Journal A. M. A. and he and Dr. Simmons had a somewhat heated discussion, but finally reached a conclusion mutually agreeable, and the gore that seemed likely to obscure the medical moon was avoided. Chicago wanted the meeting next year but finally agreed to be satisfied with it for 1908. Next year it will be at Atlantic City, and an understanding was reached to the effect that this city shall have the meeting on every odd num-

bered year—this on account of their superior hotel accommodation only, the proximity to New York and Philadelphia having nothing to do with it. The surgical section had the usual dispute as to whether the gall cyst should be removed or only drained, the anatomists showed a lot of unusual formations of carpal and tarsal bones that might easily lead to wrong conclusions in the X-Ray examination, the physicians said and agreed that for “joint affections” formerly called, “rheumatism” is too much of an omnibus name and that the various affections included here should be differentiated and classified where they belong, a symposium of specialists each discussing persistent headache from his own standpoint agreed that the general practitioner should find out what is the matter with patients thus afflicted and either relieve them or refer them to the proper specialists. This is complimentary to the generalist as each specialist seemed inclined to take to the woods in the presence of “persistent headache.” The pathologists made rather the best or most interesting showing. They demonstrated pretty clearly the relation of the bundle of His to heart block, and one night at Tufts was given to the exhibition of a series of photomicrographs showing the eggs and their development of a number of the intestinal parasites. They showed that the eggs of *Taenia Mediocanellata* do escape without the destruction of the segments in which they are, but denied that a man may act as a host for the animal in both stages of his development as is commonly taught.

During our stay in Boston, occurred the Subway fire and explosion. Your reporter was present at the time that so many ladies fainted and that brave men stood with blanched faces. The walls, floor, and roof of the subway as well as the rails and cables were electrified, the smoke was impenetrable, and the explosions terrific, blowing the coverings from the manholes in the street, and all Boston honored the firemen who would risk holding a nozzle while they turned water into the places.

For Tuesday night we had a special engraved invitation from the trustees of the Boston Library—the largest of its kind in the world, and in a most beautiful building, one that cost \$2,500,000.00 to a reception to meet his Honor, Mayor Fitzgerald. Our Kansas party had become so scattered that only the reporter was in sight and he went alone. The library has a set of mural decorations by a noted artist representing Sir Launfal in pursuit of the Holy Grail, and another set, to me less interesting and less beautiful, on some religious theme. There were several thousand people present representing the culture and the beauty of the profession. Falling in line I was marched up to the mayor and presented. He extended his hand, held high, and I took

it, a large, strong, warm friendly hand in a big, loose fitting, sensible glove. I looked pleased, continued holding the mayor's hand, and waited for him to say "delighted," but instead he said, "Where are you from, doctor?" I looked steadfastly into his friendly face and answered "From Kansas." He said, "Ah yes, I am very glad to know you, I am interested in your state. I know Jerry Simpson." Now, Simpson has been dead in Kansas so long that I could not say anything about him extemporaneously and the crowd was impatiently pushing me on and I was thereby compelled to move away with only a grateful look at the Mayor's kind interest and I came away with a feeling that I had failed, somehow, to improve an opportunity to say something for my state. I learned later that Mayor Fitzgerald was in congress with our "sockless Jerry," hence his allusion.

Boston abounds in objects and places of historic interest. This caused some neglect of the strictly scientific work of the session, but it was a most excellent session for all that.

Let us remark again on the orderly lives of Boston's citizens, their remarkable kindness to strangers, and their consideration of each other. There is everywhere the evidence of thrift and their streets and other public places are clean, (No spitting is allowed) facts illustrated in the following of which we were eye witnesses: In the crowd boarding the ferry from East Boston was a young man (aet about 20) tried to take a chew of gum just as we were boarding the boat. The jostle and confusion caused him to break the stick and to drop part of it. He calmly picked up the fallen piece, gave it a perfunctory swipe across the large part of his trousers and began chewing it. A man in a less thrifty city would not have done it and in a less clean one he could not have done it.

Some of the sections completed their work on Thursday and all were done at noon on Friday. The Kansas members were so scattered that only a few could be traced. Dr. Roberts of Kansas City remained at Harvard for post graduate work. Dr. Morse of Lawrence went to visit relatives in Springfield, Mass., Dr. Funk of Smith Center stopped in New York for a little course. Dr. Harper of Pittsburg remained with her family in Boston and Dr. Dickinson, also of Pittsburg, went to the scenes of her childhood in Maine. Dr. Shelley of Atchison proposed spending a little more time in the east and so far as known the other members of the Kansas profession came directly home.

Neither of our delegates was present. This was unfortunate and should not happen again.

H. L. CHAMBERS.

### COUNTY NEWS.

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**The Shawnee County Medical Society** held its regular meeting last night at the National Hotel with a good attendance. No new members were received. Dr. W. C. Van Nuys was given a transfer card to Henry county, Indiana. Dr. W. E. McVey resigned as chairman of the Committee on Public Health and Legislation. The secretary was instructed to have the J. A. M. A. print some revised Constitutions and By-laws, for the local members. Dr. E. M. Brockett read a paper on Albuminuria without kidney lesions. Dr. C. A. McGuire opened the discussion in a very able manner. On account of the graduating exercises of the Christ Hospital Nurses we did not have as many present as usual.

CARLON E. JUDD,  
Secretary.

**The Elk County Medical Society** held its first society meeting of this year April 10 at Howard. The following physicians became members and paid their dues: Dr. B. R. O'Connor, Grenola, Kas.; Dr. M. G. Fox, Elk Falls, Kas.; Dr. G. M. Grimmell, Howard, Kas.

J. L. HAYS,  
Secretary.

**Clay County**—The society met June 13 at Hotel Bonham, Clay Center, Dr. Metcalf of Salina read a paper on gastro-enteritis. Dr. Sawtell of Kansas City spoke on syphilis of the upper air passages. The delegates to the state society reported. Dr. Morgan reviewed the month's doings.

G. A. TULL,  
Secretary.

**The Mitchell County Medical Society** met in the Woodmen hall at Beloit, June 21, 1906, at three o'clock p. m. The following papers were read: Mitchell County Hospital, Dr. Brewer; Orificial Surgery, Dr. Mason; Diabetes, Dr. Daily; Fractures, Dr. Saunders; also a paper by Dr. Spessard.

MARY J. LOBDELL,  
Secretary.

**Dr. P. D. Hughès** has changed his office from 624 Minnesota to 720 Ann Avenue, Kansas City, Kansas.



## CONJUNCTIVITIS.

DR. D. F. LONGENECKER.

Emporia, Kansas.

(Continued from June Journal.)

Ophthalmia Neonatorum—This is a form of purulent conjunctivitis, that occurs in the infant, and in the main is covered by the remarks on the previous subject. The symptoms, general course, and treatment are identically the same as those of purulent conjunctivitis in the adult: so I shall only treat of it in particulars not mentioned while on that subject, unless by way of emphasis. It makes its appearance in the eyes of the infant at a time varying from a few hours to 8 or 9 days after birth. The earlier after birth that the disease makes its appearance the more severe the attack is likely to be. Like other forms of purulent conjunctivitis, it too, is one of infection. The infection occurs, as a rule, during parturition, from the discharges of the vagina of the mother.

The symptoms, particularly if shortly after birth, appear with great rapidity. The swelling of the lids is usually severe since the tissues are lax and easily infiltrated. Pus agglutinates the lashes and in the language of Burnett, "soon instead of eyes there appears in the sockets what seems to be two enormous abscesses, from which there issues an almost continuous stream of pus." On separating the lids pus gushes out by the teaspoonful. The picture just presented applies to the most severe cases. All are not of this intensity, and the severity ranges down to a conjunctivitis of a muco-purulent type. It should be borne in mind, however, that all cases begin in much the same manner, and what seems to be a mild case today, may be much more serious tomorrow. While almost all cases of ophthalmia neonatorum come from vaginal discharges, they are not by any means all due to the specific gonococcus of gonorrhoea, for many cases fail to show the characteristic gonococcus.

It is a fact well known, that all pathological discharges from the vagina of the mother may set up a purulent inflammation in the conjunctiva. For intensity of inflammation and destructiveness, the gonococcus does not seem to be essential, while on the other hand, its presence is always attended with great activity and virulency. Statistics taken from blind asylums show that 25 per cent of all the blindness in the civilized world is due this disease alone. Following on the heels of the statement just made, another statement can be made, which

seems incredible; viz: "This is one of those diseases for which it can be claimed that absolute prevention is possible, and with proper precautions there need never be another case of destructive ophthalmia neonatorum."

Some ten or twelve years ago I wrote a paper for this society on the subject of ophthalmia neonatorum and made particular mention, in my paper, of this means of prevention, which was then comparatively new, and had been tried in only a few of the larger lying-in hospitals. I refer to the Cr de method of instilling into the eyes of the new-born babe a few drops of a 2% solution of nitrate of silver. During the years since its introduction it has grown in favor among the various lying-in hospitals of the world, and has given much better results than any other remedy used for a like purpose. A few of the many statistics at hand may help at estimating the importance of the method. In the last statistics of Kosling among 17,767 births in which no preventive measures were used, there was 9.2% of ophthalmia neonatorum; in 24,724 in which a 2% nitrate of silver solution was used, there was only 0.65%. In Widmark's statistics in Stockholm, where Cr de's methods was early introduced, the percentage of the disease fell in the general clinic from 1.2% to 0.24%. It is not expected that this will become a routine practice in private cases, but in cases where suspicion has been aroused, it will be well to remember that no possible harm can follow its use, and that an ounce of prevention is sometimes worth more than a pound of cure. The least that can be expected, however, of the accoucheur, under all circumstances, is that he give close attention to the eyes, have them thoroughly cleansed, and if not in daily attendance upon his patient, to have those in charge promptly report any purulent discharge of the eyes during the first two weeks of infant life. Most European governments have laws requiring the reporting of all cases of ophthalmia neonatorum, to the constituted authorities; and in the United States, almost half of the separate states have passed somewhat similar laws.

Of membranous conjunctivitis (as diphtheritic or croupous) or scrofulous, lymphatic, or strumous, which generally show themselves under the respective titles of phlyctenular or herpetic, or Parinaud's conjunctivitis, due to animal matter, I shall have nothing to say since they belong to certain general systematic conditions and so shall close this already over-long paper on the battle ground of the ophthalmologists, the granular inflammations of the eyelids.

Granular conjunctivitis—Of those diseases, whose chief common characteristic is a granular or uneven appearance of the conjunctival surface, the most widely different opinions are held concerning the na-

ture, causes, pathology, and treatment. A full exposition of the varying views would make a book of no small proportions. Some regard them as purely local affections and others look upon them as being dependent, more or less, upon a general affection or condition. Some authors regard them as being highly contagious, while others consider them as being absolutely free from contagious propensity. Some claim to have found their specific microbe, and other observers, equally competent, deny the demonstration of these claims. The methods of treatment in detail, are even more numerous and varied, if possible, than the views concerning the pathology. The literature on granular conjunctivitis is very voluminous, and as it comes from authors, of such conflicting and opposing views, a study of it as naturally expected, leads to much confusion. The most that can be done, therefore, in the short time allotted to this subject is for the writer to give the opinions that seem to him nearest the truth.

Some pathologists of the future may demonstrate a common origin of the different varieties of granular lids, but as at present understood, clinical manifestation and treatment, call for two general divisions, namely, simple granular or follicular conjunctivitis and trachoma. In the follicular variety the chief characteristic is the presence of follicles or granules, rather evenly distributed over the conjunctival surface, but showing a tendency to arrange themselves in rows, and being almost solely confined to the lower lids. In size they vary from a pin point to almost that of the head, and in color are pale, yellowish and translucent. While they appear as eminences and push up the membrane, the tissues underneath seldom show much swelling and remain soft and pliable. Microscopic examinations show that the granules are nothing more than the enlarged or hypertrophied normal papillæ of the conjunctiva. They may occur subsequent to a catarrhal conjunctivitis, but are often found in eyes showing no previous disturbance. It is a very common affection and is often found in the eyes of school children when least expected. Their significance consists in the fact, that the presence of follicles, means a long tedious and protracted malady. This fact is balanced with the assurance that however long or protracted the trouble may be, the enlarged papillæ which have no pathology beyond the hypertrophied normal bodies, with perhaps some surrounding exudates eventually disappear without causing any destruction of tissue or leaving any annoying sequelæ. It never runs into trachoma,

The symptoms are not usually very marked, unless secretion be present, when the lids will gum up in mornings, but such other symptoms as discomfort or irritation, particularly after the use of the eyes,



or sensitiveness to light, may be present. The general principles of the treatment, based on the pathology of the disease, are to reduce inflammation and hypertrophy through absorption, as by some astringent. Sulphate of copper doubtless occupies first place, which may be applied as a collyrium, or in stick form, to the everted conjunctiva, lightly, and the excess washed off. Applications, in the stick form, are not to be made oftener than every second or third day. Sulphate of zinc, alum, tannin, acetate of lead, or boroglyceride will often effect a cure if persisted in.

Trachoma is the most obstinate in management, disastrous in results, and therefore the most important of all the inflammatory diseases of the conjunctiva. It, however, may not be so immediately destructive as purulent conjunctivitis, but the blindness from this cause alone, throughout the world, far exceeds those due to the purulent variety. "In some countries, as Poland and Russia; trachoma is the cause of almost 50% of all the blindness and forms from 30 to 90% of all eye diseases presenting for treatment." The lack of certain knowledge regarding its cause, renders it a disease of unusual interest to the pathologist. The early clinical manifestations of this disease are not very distinctive, as they present much the same symptoms and appearances that belong to other conjunctival inflammations, so positiveness in diagnosis must usually be withheld until pathological changes peculiar to it have taken place, when the diagnosis becomes clear and unmistakable. The course of the disease is very chronic. The hypertrophy of the conjunctiva gradually increases, growing steadily, though subject to exacerbations and remissions, until a certain height is reached, which is not the same in all cases. Then it disappears again, step by step, through a process of cicatrization and contraction of the conjunctiva, which does not become normal again. All cases when cured leave lasting marks of the disease that has passed, more or less severe according to the severity of the hypertrophy. Burnett says that, "the manifestations which are usually most prominent are those due to the inflammation of the conjunctiva. This may be any one of the forms already treated of namely, hyperemic, congestive, catarrhal, or purulent and the appearance of the conjunctiva will be that distinctive of the particular form present, superadded to that which is characteristic of the disease itself, namely, a peculiar 'granular' look of the conjunctiva of the lids which has given the popular name to the disease." The true trachoma granules are gray or yellow, translucent, roundish bodies, imbedded in, but rising above the surface of the conjunctiva. The early course of this disease passes through what is known as the papillary form, which consists in an enlargement of the normal papillae,



giving to the conjunctiva a velvety appearance. Following this we have what is sometimes called the second form or stage of the disease, in which the trachoma granules make their first appearance, and are seen first, principally in the folds of transition. Later in the disease, the papillae become large and overlap and hide from view the true trachoma granules. The granules are confined almost wholly to the conjunctiva of the lids and retrotarsal folds, attaining large proportions in the latter locations. The conjunctiva of the upper lids suffers more than that of the lower lids. Much doubt exists as to the exact pathology of the early stages. Whether the trachoma granule is a cause or a result of the attendant inflammation has not been definitely determined. Nettleship, and others, have found them in the conjunctiva of eyes which have never shown any signs of inflammation. On one point, at any rate, all agree, that attendant inflammation facilitates its progress and encourages new deposits. All forms of conjunctivitis are favorable to the development of trachoma, in persons who have a natural tendency in that direction.

The symptoms of trachoma in the early stages are those of catarrhal or purulent conjunctivitis. There is the discomfort, sensitiveness to light, lachrymation, perhaps pain and visual disturbances, with sensations of burning, itching, and heaviness of the lids, which are usually thickened and often in a condition of partial ptosis. After averting the lids we see the conjunctiva of the tarsus, and also that of the fold, to be reddened, roughened and granular. Corneal implication is liable to occur and makes its appearance as a rule, late in the disease, however, it may occur early. Its presence adds to the irritation and photophobia preceding its advent and still further diminishes the degree of vision. The special corneal complication is a keratitis in which the cornea is overlaid with newly formed vessels and tissue so as to appear like a fleshy mass which often hides the iris totally from view. It is called pannus, and generally occurs as the result of friction, to the cornea, by the hard granular bodies of the lids. As pannus sometimes precedes the extensive granular formation on the lids, it is asserted that the pannus may be a direct result of the trachoma granule implanting itself upon the cornea.

It seems likely in the light of our more recently acquired knowledge, that the disease called trachoma, "has its seat in the adenoid tissue of the conjunctiva, which first undergoes enlargement with the development perhaps of new material in itself and the surrounding tissue, in which an inflammatory process undoubtedly assists. An examination of the trachoma granule itself, does not show anything histologically distinctive. It contains a gelatinous material, and has the com-

position and character of granular tissue in general, with small round cells, delicate connective tissue fibers, and in most instances newly formed blood vessels." In harmony with, and in a manner supporting the theory just advanced, trachoma is seldom found in very young children, in whom adenoid tissue of the conjunctiva is not yet developed, while in adolescence and early maturity, where adenoid tissue of the conjunctiva is in the highest point of development, its ravages are greatest.

As to contagiousness there is no unanimity of opinion. Many authors hold that it is, and bring to the support of this view, the fact that it frequently breaks out among crowded inmates of schools, asylums, barracks, etc., and acts very much as a veritable epidemic. Others, who do not believe in its contagiousness, present single cases of trachoma, that have lived in intimate relation, with other members of large families, for years, without communicating the disease to any other member and moreover, show that one eye of an individual has been known to be affected for years, without the other eye even becoming affected. A great many of the eminent authors have lately expressed themselves against the contagiousness of trachoma. The discharges from a trachomatous eye have the germs of a purulent infection in them, and these may arouse a latent trachoma tendency in an eye into which they find entrance. Almost all cases of trachoma pass through an early purulent stage, the discharges from which are eminently contagious, but whether they will induce trachoma or merely a purulent inflammation in another eye into which they have found lodgment, rests upon the inherent tendency of the eye so infected. It has been called a disease of filth, poverty and overcrowding, and not without some show of reason, for filth and overcrowding certainly have much to do with the development of the disease in those predisposed to it. When we take into consideration the foregoing facts, together with a few others yet to be mentioned, it would seem that "trachoma is not a simple local disease, due directly to a specific infection by a special germ from the outside, but is the local manifestation of a dyscrasia." Racial characteristics or tendencies are strong factors in its development. It is well known that the Irish are great sufferers from this disease. The Mennonites of Russia, the Polish Jews, and the Italians, form a large contingent of the trachoma brigade in the clinics of our large cities. Next after these come the Teutonic races. The native American Indians are prone to this disease. Japan and Egypt have been hot beds of trachoma from time immemorial. The Indians of Canada are said to be practically exempt, while Russian Mennonites living among them suffer much. There is one race, however, in our heterogeneous population in Amer-

ica which seems to enjoy an almost complete immunity from trachoma, and that is the American negro. It is one of the rarest of sights, even in the clinics of the large cities, to see a negro with trachoma. Altitude is supposed to exercise a decided influence, and it has been asserted that it can not be found above a certain elevation from the sea-level. This is only true to a limited degree, for, it has been found above the stated limit, yet it is not so frequently met with as at the lower altitudes. Illinois, a low country, has much more trachoma than Kansas, and in Kansas the south and western portions, known as the wheat belt have more trachoma than other parts of the state.

The treatment of trachoma has no doubt made a wider draught upon the various articles of the materia medica than any other known disease. The latest additions made to the treatment of trachoma are surgical, hence the treatment must now be divided into medicinal and surgical. The medicinal treatment has a two-fold object in view, on the one hand it seeks to do away with the inflammatory complications and excess of secretion and on the other hand to further the disappearance of the conjunctival hypertrophy. The accomplishment of these purposes is probably best attained by the use of some kind of astringent or caustic substance which will temporarily increase the hyperemia, and thus, in a measure, promote absorption of the morbid material. In the search for a specific it would not be overdrawing matters to say that every known astringent or caustic has been tried and recommended as a local application in this affection. In uncomplicated trachoma, with thickening of the conjunctiva, and not much purulent discharge, the application of sulphate of copper is beyond question, the safest and most satisfactory application we possess. It is usually used in stick form, to the conjunctiva of the everted lid, every second or third day, according to severity of case and reaction following, and can be made lightly or more severely as indications call for. While most ophthalmologists place sulphate of copper first as a local remedy, there are others who never use it, and lack language to denounce it in terms strong enough. Nitrate of silver, our standby in purulent conjunctivitis, is not so valuable in trachoma, unless there be much purulent discharge. Yet there are those who have splendid success with weak solutions of nitrate of silver, frequently repeated, in all conditions and varieties of trachoma found in their practice. Alum and tannin have their advocates, also bichloride of mercury, and many others, which I have not time to mention, and which are remarkably well adapted to certain conditions of trachoma. When we consider the successful results had by different physicians with the various remedies, it becomes apparent that it is not the particular remedy, wholly, but the intelli-



gent and efficient manner in which it is used. The surgical treatment of trachoma has lately received more attention, at the hands of ophthalmic surgeons, than any other method. And of the different procedures introduced, expression comes nearest to being the ideal treatment.- It consists in squeezing out the contents of the granule and thus quickly getting rid of the morbid material that constitutes the cause and perpetuation of the disease.

The expression treatment is largely supplanting all other forms of treatment, and places local, medicinal applications, in the rank of adjuncts or accessories. It is the most rational as it quickly removes the morbid material of the granules, reduces inflammation and prevents the contraction of tissue that is so liable to follow the slow process by absorption. Expression may be accomplished by a number of different methods, but is likely best attained by the use of some one of the forceps lately designed for that purpose: the Knapp and the Noyes being the ones commonly used. Where the conjunctiva is thickened and the trachoma granules are hidden under the very much enlarged papillae it is advisable to make horizontal, parallel, incisions in the conjunctiva before applying the forceps.

In closing I wish to emphasize a few points in regard to differential diagnosis. In hyperemia of acute variety, affecting the arterial vessels we have great movableness of the vessels and a suffused watery eye. In hyperemia chronica, or more properly called passive congestion, which is always more or less slow and chronic and confined to the veins there is often some infiltration of the tissues surrounding the vessels, and consequently not so much movableness of the blood vessels or so much watery discharge found in the eye. In acute catarrhal or purulent conjunctivitis, there is always, after the initial hyperemia, a secretion of either mucus or muco-purulent matter or pus. A mucous or muco-purulent secretion, or gluing of the lids in the morning, always means an inflammation of the conjunctiva. It does not occur in any other inflammation of the eyeball. The granular troubles, in my opinion are always preceded by hyperemia, acute catarrhal or purulent conjunctivitis, and become granular on account of neglect, predisposition, or dyscrasia. The follicular variety, which is almost exclusively confined to children, before the age of puberty, is likely the result of hyperemia, long continued, due to some irritation, mostly eye-strain, unrelieved by glasses. The trachomatous variety is seldom found until at or near the age of puberty, and finds its most numerous victims between puberty and young adult life. It usually follows acute catarrhal or purulent conjunctivitis, and passes from the initial variety of trachoma on account of predisposition or dyscrasia. Many of my cases of trachoma are the



legacy of "pink eye" and probably the only member of a large family, that were all affected with "pink eye" and from which all had recovered, but the single individual. Then again, I have treated whole families affected with trachoma as the result of "pink eye." Iritis is the one disease that is often mistaken for acute conjunctivitis. But the deep seated pain, the circumcorneal injection, sluggishness of the pupil, continued absence of mucous or muco-purulent secretion, and if much doubt, the use of a mild solution of atropine will help to exclude that affection from consideration.

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### **\*WHAT SHALL THE MEDICAL PROFESSION DO TO PREVENT ABORTIONS?**

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DR. R. H. McDONNELL,  
Pittsburg, Kansas.

The different governments of the civilized world at stated periods of time appoint enumerators and count the number of their inhabitants. The criminal, diseased and indigent poor are separately numbered in order to make comparison with previous enumerations.

The first count of the inhabitants living in this country was done in 1790, which was but a short time after the consolidation of the Thirteen colonies under a general form of government. The total number at that time 3,929,827. In 1800 the second census, the number had increased 35.02 per cent, just about the number of people living in the Dominion of Canada when their census was taken in 1901. The increase during the next ten years was 36.02 per cent. The fourth census, that of 1820 gave a ratio of increase of 33.13 per cent. In 1830 the census returns gave an increase of 33.49 per cent. In 1850 there was an increase of 35.87 per cent. The census of 1860 was completed just before the election of President Lincoln and returned a gain of 35.58 per cent.

The ratio of increase from 1860 to 1870 fell to 22.62 per cent. General Francis A. Walker the superintendent of the census, attributed the decrease to the fact that millions of soldiers had been forced to lead a life of celibacy for four years during the decade.

The census of 1880 returned the ratio of increase back to 30.04 per cent. Experts disputed the accuracy of the census of 1880.

In 1890 the census showed that the ratio of increase had fallen

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\*Paper read before Crawford County Medical Society at Girard, Kansas, April 26, 1906.

to 24.57 per cent. Superintendent Porter was accused of corruption and that he had failed for political purposes to count people in many localities.

If the census of 1890 was a disappointment, the census of 1900 was a greater one. The per cent of increase went down to 20.02 per cent. The population including Indians numbered but 76,303,387. The inhabitants of Alaska and the Indian Territory were not included in the census of 1890. The average ratio of increase since 1860 is but 24.31 as against a ratio of 34.60 prior to that time. The decrease in the ratio is the more remarkable when the fact is taken into consideration that only 3,957,766 immigrants arrive in the country during the forty years prior to 1860 or from 1820, at which time our government first commenced to count immigrants reaching our shores, and that since 1860, 18,613,966 have come.

President Lincoln in his second annual message delivered to congress December 1, 1862 contains an estimate of the population for the next seventy years, 1930, based upon the census returns for the seventy years previous or from 1790 to 1860. In 1870 the census returns gave a population of 38,558,371, while President Lincoln's estimate was 42,323,341 and in 1900 the census bureau gave a population of 76,303,387, while Lincoln's estimate was 103,208,415.

The population of the state of Kansas according to the U. S. census of 1890 was 1,427,096. In 1900 the population was 1,470,495, an increase of three per cent or an annual increase of three-tenths of one per cent. The vote of the state during the period mentioned remained stationary with only a slight increase toward the end of the decade. No better evidence could be obtained that the population remained in their homes. The state of Kansas, if one should look at the map, has the appearance of a great flag spread almost over the heart of the republic. With the exception of one little piece torn off in the northeast corner it is exactly four hundred miles long and two hundred miles wide. Immigration into Kansas ceased practically from 1890 to 1900 from causes too well known to repeat here, but that its natural increase should drop as low as three-tenths of one per cent, is almost impossible of belief.

There are two things which people covet and prize above all others, liberty and health. In order to obtain, and retain these precious heritages, they employ two different bodies of trained men, lawyers and physicians. When a person offends the law of men, he rushes to the office of a lawyer and offers to purchase as much of the services of the man learned in the law, as may be necessary to keep him out of jail. When a person offends or outrages a physical law, he hurries to find a

physician and buys as much of his services as he thinks will keep him out of the grave. On account of the dread which people have of losing liberty or health, the man who practices either law or medicine is an important factor in a community. He is a trusted man, who has in his possession secrets which, if revealed, would mean ruin to clients or patients.

The lawyer is the one who is generally selected to represent a political division, at the state or nation's capital. The usefulness of such representatives depends upon his honesty. If he uses his knowledge for his constituents' benefit, or his trained eloquence is heard in sounding notes of warning, of impending danger to their interest, or in exposing corruption, then the people he represents have chosen wisely; but if he heads what is generally known in legislative parlance, as "the black horse cavalry," his knowledge and training make him dangerous. The trial and conviction of U. S. Senator Burton of this state and U. S. Senator Mitchell from Oregon are examples.

The physician is rarely selected to represent his district, and has few opportunities to be corrupted politically, but in other ways he is daily tempted to accept money in consideration of which, if he is corrupt, he commits acts, which if known would, and should, send him for a long term to prison.

The lawyer who is sometimes convicted for fouling the fountain head of legislation deserves but a small decimal of the censure which should be the portion of a physician who corrupts a home, and the unit of the foundation on which the structures of both society and government rest. He would be like a monster tree I once saw standing in the woods. So high had it grown that even its lower branches spread out in a protecting sort of way above the tops of its highest neighbors. I walked up towards the giant in order to obtain a better idea of its magnificent proportions. When I reached the base, I noticed that the lower portion of the trunk was hollow and decay had eaten the heart out of the tree leaving the upper part standing on a shell, waiting for the full force of some severe storm to strike it, at which time it would come crashing down, stripping off the limbs or crushing to the earth its humble subjects who stood there so meekly under its apparently sheltering branches.

Where is the physician who has not heard a female patient plead to have some matter kept secret from her husband, or heard a male patient exclaim "For God's sake, doctor, don't let my wife know anything about this affair." There is no doubt that if the physician should reveal all the secrets in his possession, society would be disrupted and churches dismembered.



The induction of abortion is a felony for which the offender can be punished by a term in prison. I have submitted my figures to you for the purpose of demonstrating how often the crime of abortion is committed and what it means to the State and Nation. If some means are not found to prevent, or at least check it, the downfall of the Republic is certain. Because of the difficulty to convict, the law seems unable to reach the men who daily murder unborn infants, not only in the State, and Nation, but here at home as well, and I am convinced that a large per cent of these crimes are committed in the inner rooms of the physician's office.

Birds, so far as I can learn, seem to be the only living things that have an instinct which prompts them to defend their young, prior to birth. There is no record that any animal ever attempts to destroy its unborn progeny, except the human. Physicians without number can be found to testify that it is left to woman as the only living creature who will plan with a deliberation and fiendishness almost impossible to believe to murder her unborn babe. She seems to be entirely void of the instinct to preserve her young previous to its birth. This is strange when it is considered how ready and willing she is to sacrifice everything, even her own life, to protect her babe after it has once been placed in her arms. The aversion of the native well-to-do American woman to bear children, has become a serious question, when the fact is considered that by the aid of physicians, she is successful in so doing.

Thoughtful and patriotic men are already urging legislators to frame laws which will render difficult the vicious, criminal, very poor and ignorant from procreating; at the same time, they are the only ones, who are producing the future American citizens in any number.

The mission of the physician, so far as it lies in his professional power, is to save life and heal the sick, which in my opinion is one of the greatest that can fall to the lot of man. When a physician lives a life and does a work that makes him an honor to the profession and the state, we are proud of him. But when his greed prompts him to do that in secret, for the sake of gain, which if known to the world, would send him to prison, he is, instead of being entitled to praise, worthy only of contempt, and should be forced out of the profession, even if the law can not hunt him out and give him the imprisonment he deserves.

I have learned to know from experience that a condition of affairs which prevails in one community is liable to be exactly similar to those which prevail in another. I know of my own personal knowledge that there are women who desire to escape the pains and duties of maternity



in all localities, and that there are men in our profession who are willing to help them. Might not this be the same all over the country? The census returns would indicate that it is. If such is really the case, and the practice of abortion is as extensive as I think it is, our profession has indeed fallen from its high estate and it is time for the decent members of the profession to be up and doing. We can not forever escape the punishment which is certain to come to us as a body in which the innocent will suffer as well as the guilty if we continue to condone by silence the acts of unworthy members of our profession. Heretofore we have bent all our efforts towards making it difficult for the incompetent to gain admission to our ranks, by creating board of experts, before whom all must appear and pass a rigid examination. Is it not time for us as a body to seek a remedy which will relieve us of members who are bringing us into contempt?

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### BLOOD ANALYSIS IN PRIVATE PRACTICE.

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L. W. SHANNON, M. D.

Health Officer of Brown County.

Hiawatha, Kansas.

The question under consideration was suggested by an experience with five cases which will be cited.

The FIRST CASE was male, sixty-four years old, farmer, family history negative. Personal history good, up to the beginning of his present trouble seven years before, he having led a very active life up to that time. The history obtained was that about seven years previously he had noticed some decline in his general health, experienced considerable vertigo and one day while about his work he became weary and fainted. The vertigo increased in severity, and the fainting was quite frequent for several weeks before there was any improvement. He partially overcome the difficulty after about one year and was quite well until about eighteen months before, when his health had again failed him. He gave a history of gastro-intestinal disorders—usually good appetite—frequently capricious—but indigestion with constipation and diarrhoea—marked jaundice, muscular pains, especially in the lower limbs, very pronounced, somewhat of a rheumatic type. Nervous and insomnia. Had lost forty pounds in the past year. Experienced much annoyance in itching over the entire body, and creeping sensation over the body surface.

Upon examination there was found a patient in extreme prostration, generally emaciated and very anemic. Pulse eight-four, intermit-

tent and weak. Sclera of the eye jaundiced, pupils dilated, eyelids puffed and anemic. Skin harsh and dry; general jaundice.

Chest findings were negative, except a systolic murmur at the cardiac apex, which later disappeared. Abdomen was negative, except for a little tenderness in either iliac region and some resistance or rigidity over the stomach. The abdomen was frequently examined for evidence of malignant growth but negative in every respect. Patellar reflexes absent. After a few days I tried him for the Romberg symptom and found it present, Argyl-Robertson pupil negative.

There was a slight purulent sputum in the morning which was examined for tubercle bacilli but negative.

Urine showed a slight trace of albumen, and a few casts; acid; specific gravity 1010; no sugar.

In the absence of any positive findings and led by his anemic appearance my attention was turned to his blood. Four analyses were made with the following results:

July 2, first examination:

Specific gravity, 1036=Haemaglobin  $33\frac{1}{3}\%$ .

Red Corpuscles, 950,000 to cu. mm.=20%.

White Corpuscles, 3,000 to cu. mm,

July 9, second examination:

Specific gravity, 1036=Haemaglobin  $33\frac{1}{3}\%$ .

Red Corpuscles, 987,000 to cu. mm.=20%.

White Corpuscles, 2400.

Color index,  $1\frac{2}{3}$ .

A diagnosis of pernicious anemia was made upon the strength of these two examinations and the character of the blood corpuscles themselves which were pathognomic. The patient was put upon the routine treatment for pernicious anemia and another count made.

July 22:

Specific Gravity, 1040=Haemaglobin 40%.

Red Corpuscles, 1,148,000=25%.

Leucocytes, 3,000.

Color index, 1 3-5.

August 17:

Specific gravity, 1040=Haemaglobin 40%.

Red Corpuscles, 2,720,000=50%

Leucocytes, 4,000.

Color Index, 4-5.

September 9, a fifth count was made which showed 3,136,000 red corpuscles and the patient still improving.

This was about two years ago. The patient has gradually improved since and in the last two months has gained twenty pounds.

The SECOND CASE was that of a lady twenty-seven years old, who

presented herself because of the indefinite pains in the lower limbs, especially in both feet, more severe after being upon her feet for several hours. The trouble dated back four years and had gradually increased in severity.

Family history negative. Personal history as to previous illness established the fact that at the age of fifteen she was ill for a few months; at which time her life was almost despaired of. The history was that of general emaciation, gastro-intestinal disorders, dyspnoea and indefinite pains over the body.

Upon examination there was found a fairly well nourished body, general appearance very anemic. Head, eyes, and face negative, except for a pale, waxy appearance.

Chest negative. Abdomen negative. Limbs normal in appearance but muscles are not firm.

Only one blood analysis was made as the patient left a few days after consulting me for her home in California. The result follows:

Specific gravity, 1046 = Haemoglobin 45%.

Color Index, 1.8-10.

Leucocytes, normal.

I have heard from her indirectly and learned that she gradually improved under treatment and at present is entirely free from her pain. She was placed upon graduated doses of Fowler's solution.

The THIRD CASE is that of a man sixty-eight years old with a history of gradually failing health for eighteen months. The particular feature of his trouble for which he called me was dyspnoea of a very severe and annoying type. The least exertion—moving about the house—caused him the greatest of difficulty in breathing. There was also pain which had been pronounced rheumatism.

In the family and personal history there was nothing bearing directly or indirectly upon his case, up to the beginning of his present trouble. He first noticed a gradual failing in strength which developed into inability to perform the lightest of labor, though all the time his appetite and assimilation was good.

The general appearance was striking in many respects. Emaciation very marked, complexion very light and waxy.

Examination of head negative.

Chest negative, except for a mitral systolic murmur over apex beat, but not pronounced. Abdomen negative. Limbs negative. Urine analysis negative.

Only one blood examination was made which resulted in the following finding:

Specific gravity, 1038=Haemaglobin 40%.  
Red Corpuscles, 889,000.  
Color Index, 2.

A diagnosis of pernicious anemia was made and the case is at present under observation.

The FOURTH CASE was that of a young man of about twenty-three years, a medical student who had been sent home from his work, with a diagnosis of typhoid fever. He gave a history of having about four weeks before been stricken suddenly with a pain in the abdomen, radiating across in about the region of the transverse colon, and centering in the left hypo-chondriac region and tenderness developing the left lumbar region. The original pain was followed by chill and fever. He had kept a record of the temperature and it was surely characteristic of a typhoid infection, but there were none of the other usual findings of typhoid; no roseolae, no enlarged spleen, no tympanites and the characteristic appearance and odor were absent. There was a history of severe night sweats, and profuse perspiration if he slept a few minutes in the day time. A slight cough was productive of a little sputum each morning which was examined twice for tubercle bacilli but negative.

There had been two Widal tests made before leaving the school and while they were reported incomplete, they were thought to favor typhoid infection.

I at once questioned the diagnosis of typhoid but kept close observation of the case for about a week during which time the temperature was as perfect a typhoid type as could have been found, ranging from  $99\frac{1}{2}$  to  $102$ —occasionally reaching normal and as this was the fifth week of his malady, it would seem that this might be expected in beginning convalescent. But his pain and tenderness in region of the spleen and kidney was much increased, so much so, that upon one occasion I was called to administer an opiate.

In the meantime I had made a count of the white blood corpuscles and found a pronounced leucocytosis of 60,000. The tender area became oedematous and a diagnosis of perinephritic abscess was made, a lumbar incision made, and about two ounces of pus evacuated; after which a speedy and uneventful recovery followed.

The FIFTH CASE was that of a middle aged colored lady, who gave a history of having been ailing for about three months, complaining mostly of pain in her abdomen more or less constant, but with periods of acute exacerbation, also pain in the head and feet, had vomited much, and frequently experienced such attacks of vertigo that locomotion was



almost impossible. Her strength had failed her rapidly. There was also a history of insomnia and restless nights.

The patient was much emaciated, weak, temperature 101, pulse 110, respiration normal, chest negative. Abdomen was tender and slightly rigid, with a distinctly palpable, movable, tender mass in the left side,—a little too high for a typical ovarian tumor, nor could a vaginal examination show any connection with these organs, nor was it suggestive of any renal involvement. The patient was kept under observation for a few days during which time she had grown materially worse and developed a delirium and finally a comatose condition when in place of a diagnosis a very grave prognosis was made. During this time, I had made several examinations of the urine, with comparatively the same results until one morning I secured an early morning specimen, and upon placing a specimen under the low power of microscope, I at once recognized what I had never suspected before, namely, a case of *filaria sanguinis hominis*. The filaria were then also found in the blood.

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The object of this paper is not to present any technique of blood analysis or examination for these may be obtained from any good text on the subject, but to elicit and establish the point, without any reflection whatever, that we are all often prone to jump at conclusions, which may be right or wrong, while if we would give the case in hand, the benefit of accurate investigation we would establish an unquestionable diagnosis.

The first case reported, as stated, had been ailing for seven years, during which time he had been under the observation of as many different physicians and had offered as many different opinions about his case, and in this respect I did not disappoint or surprise him for I proved no exception to the established rule. And while his case was well developed at this time, it could have as easily been diagnosed by a blood analysis at the beginning.

The case of perinephritic abscess is only an index to the difficulty usually met in making an early diagnosis in such cases, and also a very decisive point in favor of an early blood analysis in any suspected typhoid, for I am quite sure that had it been done in this case, the question of typhoid would have been eliminated at once.

A few of the most important purposes for making blood analysis are:

FIRST. To determine the quality of the blood compared to normal, which examination would at least aid us in diagnosing and differentiating the diseases of the blood itself, which are frequently vague from the clinical evidence, such as the anemias, leukemias, and will at least fre-

quently change the question of diagnosis from one of the opinion to one of fact.

SECOND. To determine the presence or absence of leucocytosis which would frequently aid us in diagnosing a suppurating condition, as in a suspected typhoid, which may with a fair degree of certainty be differentiated from suppurative conditions, such as appendicitis or peritonitis. Or in case of suspected appendicitis we may be aided in excluding such conditions as intestinal obstructions (if uncomplicated) ovarian or pelvic neuralgia, gall stones or renal colic, Dietel's Crisis, and impaction of feces in the colon, if by blood analysis we would determine the presence or absence of a leucocytosis. For appendicitis in all its forms,\* is accompanied by a pronounced leucocytosis while these latter affections in their uncomplicated state, never, or at least very seldom, show a leucocytosis.

THIRD. We may frequently be rewarded in our effort if the blood is examined for the presence or absence of blood parasites, the most common of which is the plasmodium malariae, but we may also keep in mind the spirillum of relapsing fever and the filaria sanguinis hominis.

FOURTH. Some specific agglutinating action of the blood is frequently found which except in connection with other findings is of little value.

The work of blood analysis is truly fascinating, and carries into our work one of the many sources of research which are rewarded by the satisfaction carried with it if in no other way. True, it may be that in many cases, which would show the characteristic finding, as differentiating between a suppurative and non-suppurative condition, the clinical findings may be such that no such investigation will be necessary, nor is it proposed to suggest its application to cases where the work would be superfluous or hazardous in delaying radical measures. But in the puzzling cases where a point of differentiation must be made clear, its value can not be over estimated.

And furthermore, that it is just as possible and fully as practicable to make blood examinations in private practice as it is in hospital work, where such work is usually done. True it may not be quite so convenient, but after a little practice, the entire time consumed in making a complete analysis, need not be over two hours, and after becoming somewhat adept at the work, often one hour is quite sufficient. The instruments necessary need not be very expensive, and yet be accurate, and the work may be done either at the bed side, or after securing a specimen it may be finished at the office, possibly at some leisure time if the case is not urgent. Or, in some instances, specimens of blood may be sent to a laboratory for such reactions as the Widal test; but to be

\*It is conceded that circumscribed appendiceal abscesses may exist without a systemic leucocytosis.—Assistant editor.

fruitful and give the best results it should be done by the physician himself, or at least by some one who might have access to the patient. For estimating the haemoglobin I use the specific gravity test, using my urinometer with a solution of chloroform and benzol. For differential counting I use Ehrlick's triple stain. And for leucocytosis and counting the reds, some blood counting device and a microscope are necessary.

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### NEUROSES OF THE STOMACH.

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J. A. MILLIGAN, M. D.

Garnett, Kansas.

In taking this topic for a paper today, I do so with the idea of impressing on my hearers, that the cause of apparent gastritis is not always located in the stomach, but many times is found in distant parts of the body.

Hirt in his *Disease of the Nervous System* says, "neuroses of the stomach is rarely met with alone in otherwise healthy persons, more often they appear in conjunction with other diseases especially general affections of the nervous system and many have a reflex origin."

The conditions which exist in neuroses of the stomach may be divided according to Osler, into the motor, secretory and sensory. The motor disturbance consists of an increased activity or peristaltic movement of the stomach and usually begins shortly after the ingestion of food and continues so long as there is any food in the stomach; in many instances the action of the stomach is so strong that much of the food is forced into the intestine undigested, or before the stomach digestion has properly taken place. As a result there is fermentation, flatulence, eructations, vomiting and pain. This distress is always increased by exercise, emotion and excitement, so that it would be far better for the subject having this disease, to follow the habit of the Turk and lie down and sleep for an hour after each meal; than to pursue the course of the American and begin work as soon as the meal is finished.

The secretory neuroses constitute the most common form of dyspepsia and is the one for which the physician is most frequently consulted; in this condition there is an increased secretion of the fluids of the stomach, of a highly acid gastric juice, which usually follows in from two to three hours after the meal; this increased secretion is manifested by a sensation of burning, flatulence, distention and pain in the stomach, and should the contents be withdrawn by the stomach tube it will



consist of a thin watery, greenish fluid and usually without any food being present. If this condition has continued very long there is usually a dilation of the stomach and a resulting enteroptosis of the bowels, with extreme constipation. This condition exists in all types of individuals, but is mostly found with those of a neurotic temperament and those whose habits of eating are too rapid and irregular.

The sensory neuroses are the most difficult to diagnose of the three conditions since there are so many other pathological conditions of the stomach having similar symptoms—as for instance a hyperesthesia may be mistaken for an ulcer or a cancer in its early stages. In these conditions the pain and distress of the stomach is intermittent and frequently relieved by taking food or some warm fluid into the stomach, which is also true of hyperesthesia. In this disturbance we have hyperesthesia, gastralgia and excessive hunger as the most frequent symptoms and as either of these may exist in other diseases of the stomach it leaves the diagnosis very obscure and often impossible to distinguish from some organic disease of the stomach. However, as this form is dependent on a lesion in some other part of the body, either functional or reflex, it does not make so much difference whether we make a correct diagnosis as to the form but should endeavor to find the cause and remove that if possible.

Ewald says, "Serious functional disturbances of the stomach may occur without any discoverable anatomical lesion and these cases are met with most frequently in those who have either inherited a nervous constitution or who have gradually through indiscretions brought about a condition of nervous prostration and frequently the gastric symptoms are so pronounced that the general neuropathic character of the patient quite escapes notice and that the gastric manifestations have a reflex origin depending on organic lesions in remote parts of the body."

As an evidence of the truth of the statement of these authors I give below the history of six patients that came under my observation and treatment within the last two years.

CASE I. A lady about 42 years old, well developed and apparently in good health came to my office to consult me regarding her stomach. The history of her condition was the clinical history of sensory neuroses of the stomach. She said that she had had this trouble for about six months. I prescribed for her without any beneficial results and continued to prescribe for her for about two months when she said to me that she had a pain in the lower abdomen for several months and an examination found an ulcer in the mouth of the cervix. This I began treating and when the improvement in the ulcerated condition began, the improvement in the stomach began and continued to a recovery.

CASE II. A young man about 23 years of age, rather nervous, slender in form, and not very well nourished consulted me about a stomach trouble which had existed



about three or four months. His history was that of a neurosis of the stomach and also of a nasal catarrh. I prescribed for the stomach trouble with but little result and as he had told me at his previous visits that he had been treated by a reputable physician for the stomach, I made an examination of the nose and found a very aggravated nasal catarrh. I repeated the prescription for the stomach and also prescribed for the nasal catarrh and at the next visit there was an improvement in both. This continued until there was a complete recovery of the stomach trouble and a marked improvement in the nasal catarrh.

CASE III. A young man about 25 years old, clerk in a store, apparently in good health came to the office complaining of stomach trouble and extreme constipation. The constipation was such that the bowels only moved about two or three times a week. He had had this trouble for about a year. The examination showed a neurosis of the stomach and constipation of the bowels from a contracted sphincter of the anus. After the continued dilatation of the sphincter about two or three times a week for about a month a cure of both the ailments resulted.

CASE IV. Was a girl about sixteen years of age who showed evidence of chlorosis. This case was similar to case III as to the condition, that I will not repeat the condition and the treatment and recovery the same, except in case IV the treatment was continued for about two months.

CASE V. A man about 42 years of age, well developed, well nourished and not apparently of nervous temperament called me to see him on account of sciatica of the right leg. His history was that of occasional attacks of pain in the leg in the region of the sciatic nerve for the past six or eight months and also occasional attacks of gastralgia for about the same period. Examination showed a well developed case of sciatica and a sensory neurosis of the stomach, the principal feature of which was gastralgia occurring about every third day. Treatment was given for both conditions. The sciatica yielding to the deep hypodermic injection of morphine and atropine, afterward followed by deep injection of sterile water. The recovery was complete in both conditions in about two months.

CASE VI. A lady about 35 years of age, poorly nourished, anemic, and of a very nervous temperament came to consult me for gastric trouble. This seemed to be a motor neurosis, pain and belching would occur during or shortly after eating, frequently followed by vomiting. A prescription was given for this condition and in a few days she consulted me again for a cystitis. This I learned had existed for some time previous to stomach trouble. Those conditions were relieved after a long and tedious treatment of about one year.

I do not believe that all cases of neuroses of the stomach are due to lesions of other parts of the body, but I do believe that many of them are, and, that in every case of this affection we should look for an ulterior cause.

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**Dr. J. D. Bryant** of New York City, was elected president of the A. M. A. Dr. Bryant was president of the consolidated New York state society and deserved the honor. The next meeting will be held in Atlantic City. Just think of the sea breezes—who's going?

## NEWS AND NOTES.

**Operative Otology**—Surgical Pathology and Treatment of Diseases of the Ear; by Clarence John Blake, Professor of Otology in Harvard University, and Henry Ottridge Reik, Professor of Ophthalmology and Otology in Johns Hopkins University. New York: D. Appleton & Co., 1906. Cloth: pp. 359: 8 vo. price \$3.50. Illustrated by 13 plates and 40 text figures.

Perhaps the best idea of the scope of this prepossessing work can be obtained from an extract from the preface:

"This book has been written in answer to questions asked in the classroom, by the bedside, and in consultation, and is therefore intended for the use of the student, the general and the special practitioner.

"As would be expected from the character of its inception, it is rather the record of individual experience than a review of the literature of its subject, and has framed itself naturally upon those lines in which the majority of the questions have been asked, namely, the causative conditions of surgically remediable disease and the surgical measures best applicable to their treatment.

"Essentially a surgical treatise, with a view to practical utility, structural descriptions have been limited to those of surgical importance, pathological conditions have been emphasized, and the detail of surgical procedure has been confined to that acceptedly applicable to the condition presented.

"Two efforts have been consistently maintained throughout the work; one to present the given subject as simply as possible, the other to eliminate, as far as possible, that obstructive factor in scientific study—personal equation.

"The illustrations are mainly original from material at the author's command; a few are copies from original drawings made for Professor Politzer and placed at the author's disposal."

The point that has struck us most forcibly as we have glanced through the book, has been its originality. We find here the living ideas of today rather than a compilation from textbooks already on our shelves. Therefore we have turned to the moot subject in otology, such as middle ear disease, and have noted with pleasure the clearness of statement and reasoning. As to the value of the directions for the details of the operations we are not in position to judge; but we believe that our otologists will be foolish if they do not put this book on their tables.

**The Medical Council** of the A. M. A. reported at Boston that it

had classified the medical schools of the United States according to the number of failures among their graduates in the state board examinations. Class one consists of those schools which have less than 10% of failure. Neither Kansas nor Missouri is represented. Class two averages between 10% and 20%. Still neither Kansas or Missouri is represented. Those having over 20% per cent of failures are grouped in class three, and here we find the Kansas Medical College with 30% of failures, the University Medical College (of Kansas City) with 48.4% the Kansas City Medical College (now merged) with 52.4%, the Central Medical College (of St. Joseph) with 60%, the Ensworth Medical College (of St. Joseph) with 25% per cent, and the Barnes Medical College with 30%. In class four are the schools which have less than 10 graduates examined outside the home state, or otherwise furnishing too little data upon which to classify them. Herein appear the College of Physicians and Surgeons of Kansas City, the Medico-chirurgical College; The Kansas City Hahnemann College, the Eclectic Medical University (of Kansas City), the American Medical College, the Homeopathic Medical college of Missouri, and the University of the State of Missouri. In the first class are 47 schools, in the second 27, in the third 38, and in the fourth 37. This classification is only relatively valuable—but it may be useful to us in the Southwest if it will spur us on to support the most helpful movement of our time,—the entrance of the State University into the field of medical education. We of the Southwest are not such blockheads, nor possessed of such low ideals, as this report would make out. But medical education here has been on an impossible plane. This we should acknowledge, cry “peccavi” get together and show Chicago and the East what we can do. In this connection it may be interesting to know that the Clinical Department of our State University spends three times as much as it receives from tuition,—its budget for the coming year calling for about \$12,500. When we remember that this is usually the less expensive part of the medical curriculum, we can readily understand the need of endowments for medical education.

**The State Board.**—The Kansas City Times for June 15, 1906, has the following to say about the last examination for license to practice held in Kansas City, June 12-13:

Of the ninety-two applicants for license to practice medicine in Kansas who took the special examination given by the state board of medical registration and examination in the West Side high school building yesterday, eighty-two made the required average grade of 75 per cent and will be awarded certificates. Most of the applicants were



graduates from the medical department of the University of Kansas, and members of the board say it is the best record ever made by a class of applicants. At the last examination more than a third of the applicants failed.

Following are those who passed: M. F. Avery, Wakefield, Kas.; F. I. Acheson, Kansas City; C. H. Altheid, Rome, Kansas; E. C. Button, Great Bend, Kans.; F. R. Berry, Kansas City; H. M. Butler, Lucas, Kans.; D. E. Bronson, Olathe, Kans.; E. D. Buckner, Hoxie, Kas.; Mollie Brinkmeyer, St. Louis; Jesse Baldwin, Kansas City; V. H. Bantleon, Kansas City; J. A. Crabb, Kansas City; A. L. Casburn, Ferris, Ill.; F. E. Casburn, Mayfield, Kas.; Mildred Curtis, Neosho Falls, Kas.; Irene De Cranston, Newolka, I. T.; John Clark, Latham, Kas.; W. W. Cobb, Kiowa, Kas.; Lee Cowan, St. Joseph, Mo.; Frank Chandler, Burden, Kas.; E. L. Davis, Kansas City; J. W. Davis, Kansas City; Frank M. Denslow, Kansas City; John D. Davies, Concordia, Kas.; A. R. Dildine, Cheney, Kas.; G. C. H. Ernest, Kansas City; Roy C. Fisher, Kechi, Kas.; J. R. Ford, Kansas City; J. M. Gaume, Danville, Kas.; B. J. Greene, Beverly, Kas.; Stanley H. Gatch, Kansas City; T. F. Howell, Ellis, Kansas; M. C. Hutton, Kansas City; D. H. Heidrick, Madison, Kas.; Z. B. Smith, Hedgecock, Kansas; J. N. Hill, Kansas City; C. F. Hayes, Herington, Kas.; H. H. Johnson, Cookville, Mo.; G. M. Jaquiss, Kansas City; Robert Laing, Concordia, Kas.; F. D. Lose, Madison, Kas.; Emma J. Lawrence, Falls City, Neb.; J. C. Leyser, Kansas City; Ada T. Leftwich, Easton, Mo.; H. P. Mahan, Kansas City; W. F. Markley, Kansas City; C. H. Maust, Donegal, Kas.; M. J. Miller, McPherson, Kas.; Charles McKinley, Strong City, Kas.; H. D. McGaughey, Jewell, Kas.; T. E. McCormick, Downs, Kas.; James McCully, Kansas City; J. A. McConnell, Rosedale, Kas.; W. A. Nixon, Kansas City; C. C. Nesselrode, Kansas City; J. A. Naylor, Kansas City; T. A. Prouse, Kansas City; Chester L. Patton, Olpe, Kas.; B. H. Pope, Coats, Kas.; J. C. Phillebaum, St. Joseph, Mo.; J. L. Ranes, Rock Kas.; G. J. Russell, Kansas City; M. B. Roberts, Kansas City; E. E. Rieger, Kansas City; J. H. Rose, Osawatomie, Kas.; C. N. Slaybaugh, Kansas City; D. R. Stoner, Quinter, Kas.; R. R. Smith, Kansas City; C. L. Schultz, Caney, Kas.; M. B. Sherrard, Republic, Kas.; G. C. Sherred, Kansas City; E. E. Sparr, Conway Springs, Kans.; F. M. Shaw, Kansas City; W. W. Scott, Kansas City; A. Sparks, Tarkio, Mo.; F. C. Tyree, Kansas City; J. R. Thompson, Kansas City; J. S. Terrill, Blockton, Ia.; A. J. Weiss, Sabetha, Kas.; C. L. Patton, Olpe, Kas.; S. M. Dunlavy, Elk Falls, Kas.

**Legislative Needs.**—If we are to get anything this coming winter, now is the time for our members to busy themselves with the candi-



dates for state offices. What we want is not for our selfish exaltation but for the good of the state. Let us keep in mind in our talks awith our associates, that, if we are to have a cleaner, nobler, band of medical men in Kansas, we must have a good definition of the practice of medicine put on the statute books. We suggest the one printed on the cover of last month's JOURNAL. Next we need a bureau or executive office for carrying into effect our laws,—so strongly entrenched that political personalities can not affect it. Our boards could do much better work if they were only protected from personal appeal and pressure on the part of political powers. Then we must demand that the control of medical and sanitary matters be put into the hands of the best trained men in the state. We have an unprecedented opportunity this fall. Shall we grasp it?

**Value of Organization.**—The county society occupies the same relation to its individual members that the patient does to the physician. It necessarily follows when we see developing any unfavorable symptoms that we should meet them in a harmonious, generous, conservative and liberal spirit. Instead of decrying the short sightedness of some individual member of the society, we should do everything in our power to check the erring brother from airing his personal prejudice and instill into him a spirit of tolerance toward the object of his censure. The county medical society can become an indispensable factor in the community from a social, educational, moral and sanitary point of view. What the society is as a body depends upon what we are individually. No member should so far forget the duty he owes to himself, to the community and to the profession as to allow himself to become a factor which would in any way disturb the harmony that exists in his local society. We should be men and women, and maintain the high ideal that our profession teaches; rise above our little personal bickerings and professional jealousies, and work for our county society. The county society is the nucleus of medical organization and, through it, we can eventually get every law we desire passed. There are a few drones in the hive of every county. Let us cement ourselves so firmly together and make our county society such an important factor in the community that we shall force the drones to wake up and become members. The Allen County Medical Society was organized on the 8th day of March, 1904; and, in the two years of its existence, we have secured 38 active members. There are only about nine physicians in the county now who are out in the cold but we believe it will only be a short time before they will be knocking at our door. We have secured an up-to-date hospital under the management of the Sisters of St.

Joseph. We do not now have to send our surgical cases away from home. We have raised our fees from \$1.00 to \$1.50 for day calls; night calls, \$2.00; other fees in proportion. Our credit list is becoming invaluable; we have created a sentiment unfavorable to illegal practitioners; have been largely instrumental in bettering "the sanitary condition of our city," and have brought about a more harmonious feeling among the profession. Have we not been well paid for our labor? Brothers, get together in your county societies; quit your childish conduct and do something; tear up that old rag you have been chewing; get out of that old rut you have been in for the last ten years; lay aside that old prejudice you have been nourishing for "Lo, these many years." Just come out and say, Let us drop our 'pathies, isms, and creeds, and just be doctors tonight. You know even the Presbyterians have revised their creed, revise yours, and get into line, always remembering, "In unity there is strength."—J. W. BOLTON.

**Contract Practice.**—The subject of contract practice has for years been a fruitful source of discussion and yet the practice continues to grow, lowering the dignity of the profession and keeping light the pockets of its members. This absurd and unbusiness-like custom was inaugurated first by railroads, insurance companies and infirmary directories, who had the keenness to discern, that some physicians would prostitute the profession by working for little or nothing, so long as they thought they were gaining publicity by it.

The shrewd business man patted the good doctor on the back, told him what a prestige it would give him if he could sign his name as surgeon for the X. Y. Z. R. R., and "if you will do our work we will give you a pass over our lines." The doctor took the bait and felt elevated above his brethren. He seemed never to think that they paid a man for tamping the ties and gave him a pass. The honor (the pass) was just the same in each case, less the money, which went to the section man. The same principle holds in some insurance companies, contracts for outdoor poor, societies, and clubs organized for the purpose of getting cut rate medical service. Railroads, factories, mills and societies throw these "jobs" at us in about the same manner they would throw a bone to a dog.

Some insurance companies pay five dollars for an ordinary examination, others pay three, others two, for identically the same work and many physicians examine for the different companies, doing the same work, for each one and receiving these different fees. Is this good business? Is it fair? Is it possible that the medical profession has not the stamina to fix its own prices and stand by them. but simply take what

is offered by firms and corporations that are able to pay, and charge private patients from two to ten times as much?

No wonder they organize into societies and clubs in order to get our services at the rate the corporations are paying. The time has come to stop contract practice entirely, except where the physician's entire time is taken, or where the fees are based on the usual charge in the locality. The physician's services should come to a cash basis without any rebate for corporations, societies, or persons who will get us patients.

The outdoor poor of this state are treated for almost nothing, not because it is charity but because the contract is let to the lowest bidder.

Here is a spectacle for a learned profession: Class one, railroad surgeons doing the work for a great corporation with little or no pay, except what is called prestige, which in fact is advertising at more than the usual space rate. Class two, insurance examiners examining for several companies, doing the same work for each and meekly taking what these institutions see fit to give. Then class three, "the poor doctor" who treats the poor, not for charity, but because he has bid lower than his competitor. The fourth class, who treat members of a society or club at a rate from two to ten dollars per family per year. As the above is all said to pay because of prestige, the difference between a reasonable fee and the amount paid is the cost of the advertisement.

Classes one and two look with disfavor on the other classes, and yet they are all acting with the same object in view, i. e., trying to build up private practice on free work. There is only one solution to this problem, and that is for all these classes to put their services on a strictly cash basis and charge for their work. While in some cases they may realize more from passes and small contract fees, than their work is worth, that state of affairs will not continue long and in the end they will have paid a very high price for a very little good will.—From the Ohio State Medical Journal.

**Phthisis Leads.**—The Kansas death rate of 1905 was only 7.5 for each thousand inhabitants, according to the vital statistics issued by Dr. S. J. Crumbine, secretary of the state board of health. There were 9,708 deaths in Kansas last year and nearly half of these were of persons more than 50 years old. The death rate for children is exceptionally low. There are two persons in Kansas more than 110 years of age and eight are more than 100 years old. The largest number of deaths are of persons between 60 and 70 years.

The report gives the following causes and the number of deaths from each:



Consumption.....	965	Dysentery.....	120
Pneumonia.....	788	Influenza.....	88
Typhoid fever.....	397	Scarlet fever.....	76
Diphtheria.....	251	Whooping cough.....	58
Cholera Infantum.....	191	Smallpox.....	33
Meningitis.....	191	Measles.....	27

Consumption is the cause of the largest number of deaths and Dr. Crumbine advises that a sanitarium be established, as statistics which he has gathered show that from 50 to 75 per cent of tuberculosis cases are cured by the sanitarium treatment.

Smallpox has decreased. Only 4,116 cases and thirty-three deaths were shown for the year. Cancer is on the increase. There were 468 deaths in 1905 and 188 in 1898. The people who committed suicide preferred poison to other methods. The report gives the following regarding methods of suicide: Poison, 34; firearms, 31, hanging 10, asphyxiation 6, drowning 4, crushing 4, cutting 4, not classified 22.

Accidents caused 744 deaths, classified as far as possible as follows: Railroad, 108; gunshot, 78, mining 52, runaways, accidents with horses and similar accidents, 20. A large number of violent deaths are not classified.

The report shows that typhoid fever is the hardest disease to locate as many people seem to ignore it. Many physicians have not reported their cases of typhoid fever, but there were 397 deaths during the year from the disease.

Governor Hoch reappointed G. E. Locke, of Holton; H. M. Bentley of Sterling and C. H. Lerrego of Topeka as members of the state board of health.—From the Kansas City Star of June 6, 1906.

**Wholesale Druggists Also.**—Concordia, Kansas, June 20, 1906. The resolutions adopted by the State Medical society denouncing manufacturing pharmacists for dealing in nostrums were wise in the extreme and should be heeded by every physician. The same spirit should be applied to wholesale drug houses which send agents through the country selling to the public. Last week one agent "worked our town" selling "The American Vaporizing Inhaler." and supplied each person with two bottles of medicine. One was labeled, "No. 2 Spirit of Sea Salt." The other, "No. 1." Each label also informed the purchaser that more medicine could be bought of the Snodgrass Drug Co., Kansas City, Mo. I have before me Snodgrass Drug Co's. Catalogue which says, "We are one of the largest physicians supply houses in the United States." Can it be possible that the drug trade has come to this? Just think of one of our largest supply houses selling direct to the people! Will the physicians of Kansas submit to such double dealing? I for



one will patronize only those wholesale and manufacturing pharmacists who believe that the practice of medicine is a science and art of sufficient importance and difficulty to be practiced by those capable of dispensing or prescribing medicine.

G. W. COFFEY, M. D.

**Dr. Shelley in Boston.**—We are glad to note that Dr. Shelley (of Atchison) has not given up his fight on the superstition regarding "marked" children. We clip the following account of his Boston paper from the Boston Transcript.

"Man has always and everywhere been the plaything of the supernatural—a helpless rodent under the cruel claws of the black cat of superstition," said Dr. Edwin Taylor Shelley of Atchison, Kansas, in opening his paper on "Superstition in Teratology," read before the section on diseases of children at the New Harvard Medical School this morning.

"Now and then," continued, "an individual has escaped from his tormentor, but for the vast hordes of humanity this has been impossible and continues so in varying degree in every inhabited portion of the globe to this day. To the whims and caprices of gods of its own making has mankind been led too easily in the past to attribute every misfortune and every unusual phenomenon. No wonder, therefore, that the ancients often accounted in this way for the startling and sometimes hideous defects and deformities known to teratology.

"In the very earliest ages of the world it is quite probable that some of the terata were themselves deified, or were considered the progeny or at least the simulacra of the gods.

"Euhemerus was an ancient historian who accounted for the deities of Hellenic mythology by regarding myths as traditional accounts of real incidents of human history. In this way, euhemerism accounts for the teratological appearance of many of the heathen gods and demi-gods, and we may, therefore, euhemerize Polyphemus into a cyclops fetus; the Centaur into a hydrocephalic calf; Atlas into a case of occipital encephalocele; Prometheus into a fetal exomphalos, etc. Another theory held that monstrosities were created by the gods purely for their own amusement. This 'mud pie' theory is supposed to survive in such terms as 'freak of nature' and 'sport' in botany.

"But this theory soon gave way to the monitory or minatory theory which kept a very firm hold on the minds of men for many ages. Monsters were a divine warning or threat and called for the propitiation of the offended deity, whether heathen or Christian, and the deformed infant soon came to be regarded as the proper sacrificial offering to the displeased celestial magnate. Even the mother at times met the same fate as her defective child.

"Another theory regarded the appearance of a monster as an awe inspiring manifestation of the glory and power of God. Ever since earliest Christian history very many persons have looked upon the birth of a monster as a penalty for sins committed, a grewsome anthropomorphism still rampant along the ultra pious everywhere. Associated with the belief in the teratogenic power of the Deity was the idea that evil spirits also possessed this power."

Dr. Shelley described the beliefs in many lands that the heavenly bodies are teratogenic causes.

"The art of prophesying future events by the appearance of monstrosities is known as teratology and was practiced very extensively in Mesopotamia two thousand years before Christ, as is shown by remarkably well preserved and well executed teratoscopic tablets which have been unearthed by Assyriologists at Ninevah."

Continuing he sketched the history of the belief in stellar influence, and the influence of the moon. He also referred to the hybridity theory, saying that it was not until the eighteenth century that we find this theory seriously opposed. All of these theories have been abandoned by modern physicians, the speaker said.

There still remains, however, to be noticed the ancient theory of impressionism. The influences of fright and other emotions were referred to by Dr. Shelley.

The impressionism theory seems able to account for the physical and psychic defects which may appear in the new-born child only because it is seldom questioned. To the unscientific mind it appeals strongly and seems reasonable. But of thousands of cases where the "marks" do not occur, the unscientific mind takes no reckoning. Dr. Shelley asked, "How the maternal impression theory could account for innumerable congenital anatomical anomalies found in organs and structures of which the mother is usually entirely ignorant?"

"Teratologists have found that there is not a single malformation known to the human species that has not a corresponding malformation in the lower animals, both wild and domesticated. Malformations also occur among birds, reptiles, and fishes, and even in crustaceans and in insects. Analagous malformations also appear in the vegetable kingdom where single and double monsters abound, developments which result from arrested, defective or excessive formative energy—and which even a New York or a Philadelphia professor of obstetrics might hesitate to ascribe to the influence of maternal impressions. The unfortunate structural aberrations found in teratology originate very early in intrauterine development. Consequently, when a deformity or malformation occurs, it often happens before the woman possibly could have knowledge of any susceptibility and, therefore before there was opportunity for conscious mental influence."

### A Kansas Doctor's Trust.

Topeka, May 25.—A. J. Freeborn, county attorney of Washington county, has been instructed by the attorney general, C. C. Coleman, to bring proceedings against twenty-five doctors of that county who have organized a physicians "trust." The county attorney wrote to Mr. Coleman asking what he should do about the physicians who had organized a county medical association and had agreed upon a scale of prices for calls, visits, medicines and operations.

The physicians bound themselves not to violate the agreement. The county attorney wanted to know whether it was necessary for them to make a penalty of cutting prices before he could begin prosecution.

The attorney general in his opinion declared that the mere act of organization and the agreement on a certain scale of prices was a direct violation of the anti-trust laws. The county attorney was notified that the attorney general expected him to prosecute the officers of the "trust" and each doctor who had subscribed to the price list. The penalty which the doctors may suffer on account of their trust is a fine of not less than \$100 or more than \$1,000 or not less than thirty days nor more than six months in jail.—From the Kansas City Times.

Hanover, Kansas, May 28th, 1906.

Dear Doctor.—I beg to enclose a report from the Kansas City Star, from which you will perceive, that thanks to the prompt action

of our county attorney, and the legal perspicuity of the state attorney, Coleman, a new and most dangerous trust has been unearthed—the **doctor's trust**. 25 daring physicians, all of them millionaires, living a life of luxury and plenty, have combined to form a **county medical association** and have agreed upon a scale of prices for calls, visits, etc. Our county is in a state of mental anxiety and depression, loans are called in, the militia will be called out, houses are barricaded; children crying for Castoria, men for nerve tonics and women for Peruna, all on account of the horrible doctors trust. But, fear not, Washington county, the pater patriae has given his instructions to proceed against the malefactors. The great and successful prosecutor of the Standard Oil Trust, the kind and fatherly friend of the Railroad Combine, has taken the matter in hand. Coleman will save our county from a danger which he has detected—and a place in the heroes gallery and the Carnegie gold medal will be the well deserved prize for this benefactor of mankind. An epidemic of trust smelling seems to spread in high and low places and even our attorney general does not seem to be immune. I have written this letter to you for publication, as all our fellow physicians, not only in this state, but all over the United States will be interested in this doctors trust, which has been formed in Washington county. Here are the facts: Our county society was organized in May 1905. At a regular meeting held on the 21st of March in Washington I read a paper, entitled "The Country Physician," in which I spoke, among other things, about the business side of our fraternity and urged the calling of an extra meeting to which all physicians of our county, not only members, should be invited. This extra meeting took place in April, fees were compared, a printed schedule of prices from the physicians in Fairbury, Nebraska, exhibited, questions as to the charges for office consultation and confinement cases spoken about, but **no** vote was taken, **no** penalty imposed and no uniform prices for medical services established, which was left to the decision of a meeting in June. Supposing now, that the contention of the attorney general is correct (which we positively deny) that the mere act of the organization of a county society and the agreement on a certain scale of prices is a violation of the trust law—there is absolutely no ground whatever, to proceed against us for the very simple reason, that no such trust was formed—A man can not very well be punished for what he intends to do.

But we contend that the Kansas anti-trust law has nothing whatever to do with a county association and with the arrangement of uniform prices for physicians. We challenge every person, possessed with common sense, to read this law carefully and then tell us, whether is



ever was intended to act, or does act, against a body of wage earners, who are fully justified to protect their interests where living has become so expensive and where their preparation at college demands now greater expenses than ever before. You can, of course, twist and turn every law, but how in God's wide world you will enforce the anti-trust law against physicians goes beyond my understanding. Has not every workingman, every wage earner, the right to form with men of his vocation or profession a union and has this union not the right to declare, what the wages of their members shall be worth. Shall the physicians in Kansas be the only wage earners, who are excluded by law and shall a union of physicians be declared by any light headed law-twister a trust! That may happen in Russia—but it will not happen in the "land of the free and the home of the brave."

If our state and county attorneys would only uphold the majesty of the law, where it is openly and most impudently broken; if they would proceed against the open saloons, the gambling dens and other places of iniquity, which are known to them, with the same show of activity and ardor—if they would give to the sheriff's officers the order to arrest the real law breakers, the booze dispensers, and saloon keepers, of whom they know every single one in their county,—they would do a real good thing and deserve credit for the faithful execution of the duties as public officers—but to attack a body of honorable men, to fling into the face of a county association the epithet, "trust" and discredit them before their fellow citizens, is either proof of a weakly balanced mind or of an amount of unlimited and brutal "cheek." Before a county attorney undertakes any proceeding against men, who represent the best citizens of his county, he should have investigated the matter a little. We welcome any public investigation of this dangerous Washington county trust; it will decide once for all whether or not the physician has not the same right, as any other man, of belonging to a union; and it will give to the state of Kansas the name and the fame, that its legal headlights are moving still in the kerosene circuit. Parturiunt montes, nascetur ridiculus mus.

J. C. RUDOLPH.

5-29-'06.

Dr. George Howard Hoxie,  
Kansas City, Kansas.

Dear Doctor—Your of the 26th inst at hand and in reply will say we are not at all alarmed over the Times article. As far as I know no move has been made toward prosecution and do not think any such move will be made. This article gave us our first information concerning it. There are no grounds whatever for a fight and we are resting easy. Facts in the case are, the doctors of the county met April 18th in special, not a regular, society meeting, and talked over the subject and feasi-



bility of a uniform fee bill; definite action was deferred until a future meeting—probably next month.

The county society had nothing whatever to do with the meeting and no minutes appear on its book of or regarding the meeting.

Very sincerely yours,

GEO. E. TOOLEY.

**Clinics at Alms Houses.**—Every now and then, a hue and cry is raised about the use of alms house patients for clinical purposes. When traced to the cause, we generally find that some scheming member of a city council, from presumably political motives, only, introduces a resolution, or speaks through the newspapers of the indignity shown the poor inmates, in exposing them to public gaze, and in subjecting them to all sorts of rude remarks, shameless observation, and cruel experimentation by young and inexperienced medical students. Parties who know the facts, know that in properly conducted institutions, such statements in public prints or before sittings of city councils, etc., are but an exposition of hypocritical sympathy.

The old time doctor was very generally accompanied in the sick room—even in the wealthiest and most influential of patients—by “the young man reading medicine under him.” While he went to assist the doctor, if needed, he was there to learn such facts about the disease as his preceptor might be able to point out. If deemed best for the patient, specific directions were given by the doctor to the young man who was serving his apprenticeship as to what to do in an emergency, and what signs and symptoms would justify his prompt recall to the case. As everybody knew, one prime object of leaving the medical student thus was that he might learn by personal observations, the course of the disease. He was serviceable, while a student of medicine.

But medical studies are now conducted more methodically, and a greater number of years of college course are required than formerly. The demand for doctors has become more common, resulting in the multiplication of colleges, and in much greater number of medical students. When cases of sickness suited to medical or surgical clinics present themselves in communities where medical colleges exist, they are brought before the classes approaching graduation, or sections of the classes go to the bedside to see the patient, and they learn all it is possible for the students to learn by observation. They are there to observe how the teacher approaches his case, how he makes his diagnosis, what line of treatment he prescribes, etc. The teacher may have to make some remarks as to the causation of such disease, its pathology, its signs and symptoms, the peculiarities of the complications of the

case in hand, etc. If such remarks in the presence of the patient are apt to influence the course of the disease in the given instance the students are simply requested to make notes of what they observe as to pulse, temperature, etc., and "the lecture" or the talk about the case is given in a hall beyond the hearing of the patient. In altogether suitably sized detail, the students, under proper restrictions, are permitted to visit the bedside at pre-arranged hours to "follow up the case," but in no way to interfere with the conduct of the case or prove meddlesome, or rude, or harsh in remark or act. Recognizing his position as a teacher the lecturer is stimulated to his very best efforts in behalf of the patient. Such is a clinic.

It is not probable that the medical college professor of today would imprudently subject his patient—however poor he or she may be—to causeless or imprudent exposure of person, unkind remark, or a course of irrational experimentation. He knows that his reputation as a clever physician or surgeon would be at stake, for the students admitted to clinics in alms houses, dispensaries or hospitals are, for the most part, mature enough in years and in medical or surgical study, to severely criticize and expose the wrongs of the clinical teachers.—From the Virginia Medical Semi-Monthly.

**Gynecologic Superstitions.**—In an address before the Pan American Medical Congress at Panama, published by American Medicine, Dr. Lucy Waite of Chicago makes a plea for the uprooting of dogmatic theories and worn out superstitions in gynecology and calls attention to some of the prevalent erroneous doctrines which need recasting.

Foremost among these dogmas, and most difficult to dislodge, Dr. Waite cites the tenet which establishes the so-called normal position of the uterus. Once accepted that the normally placed uterus must be in anteversion, all gynecology has been attuned to this idea, and innumerable text-books, by schematic representations of the "normal" and "abnormal" position of the uterus, have engraved this superstition on the eye, as well as upon the mind. So firmly has this idea become rooted that, in spite of the fact that German scientists have proved by actual demonstration and numerous clinical observations that the normal sized nonmetritis movable uterus may lie in any position in the pelvis without producing symptoms, women are still being tormented with pessaries, and abdomens are being opened by thousands to force this inoffensive organ to assume a position which shall correspond to the one photographed in the gynecologic brain.

As a result of this arbitrary establishment of the position of the uterus, a second dogmatic assertion has taken almost an equal stronghold on the profession, and is very closely allied to the first, namely,

that retrodeviations of the uterus are a cause of constipation. No effort has ever been made to prove this proposition and still it has been most generally accepted. Indeed, it seems almost a pity to be obliged to give up this particular superstition because it appears so plausible and is always so satisfactory to the patient. The writer's attention was first called to this matter in dissections on the abdomen and pelvis. In over 20 bodies Dr. Waite experimented by packing the rectum and sigmoid with cotton, and found that these organs could be enormously distended without crowding the uterus and that it rode upward and forward obedient to the increasing size of the rectum without making the slightest anatomic protest. Practically the same result followed the distention of the bladder with air. The uterus assumed a retroposition and became gradually more elevated as the size of the bladder increased without any anatomic hindrance, the roomy pelvis accommodating, without any apparent inconvenience, the full rectum and distended bladder with the elevated and retroplaced uterus between them. The writer therefore concluded that if the uterus was in any way responsible for constipation in women, it was not on account of direct pressure due to any particular position which it might happen to assume.

The theory so long accepted that flexions and the pinhole os were a cause of dysmenorrhea has given rise to a most harmful superstition. The ancient gynecologist considered marriage and childbearing as practically the only remedy for the dysmenorrhea of young girls and many a one has been condemned to lifelong menstrual pain because she has not been able to follow out the only advice given her by her physician. This advice was based partly on the accepted etiology of dysmenorrhea, that it was in the majority of cases mechanical, due either to a flexion or to a stenosis of the os, both of which conditions were supposed to be corrected by pregnancy, and partly on account of the prejudice which has always existed against putting a young girl under local treatment. She has been made to feel that uterine or ovarian disease was somehow a disgrace and especially when it was a penalty of her unmarried state. While it may be assumed that the majority of the profession is too enlightened today to hold these views, one hears not infrequently of physicians giving out these opinions and the laity, even the more intelligent, is still under the impression that a young girl's menstrual pains will disappear after her first pregnancy and do not realize that they are doing her a great injustice in leaving her to suffer until that time arrives.—From the Medical Standard.

**Practice for Sale** or, given to purchaser of residence property, cottage of seven rooms; growing town of 500 population. For particulars address Lock Box No. 4. Linwood, Kansas.





This shows the addition to Dr. Burnett's "Private Home," now receiving finishing touches. It will give the Home an additional capacity of 52 patients. Here he will treat mental, inebriate, and nervous cases, isolating each class from the others. Dr. Burnett is to be congratulated on his success and also upon the energy with which he planned to meet the new requirements of the times. Our people demand greater luxury and watchfulness in the treatment of their sick and Dr. Burnett seems determined to meet all demands. The following is an abstract of one of Dr. Burnett's recent papers, which should interest our readers;

#### WHAT IS THE PROGNOSIS OF MELANCHOLIA?

In discussing this subject Dr. S. Grover Burnett of Kansas City, Mo., says: These cases of uncomplicated melancholia get well if recognized early and promptly isolated under proper and competent treatment. If neglected they commit suicide, homicide or both, as is the case where the mother kills her children and then herself, and tend to become chronic and gravitate to the public asylum where treatment is largely treatment in name only.

The suicidal tendency is strong in the incipency of the disease. Frequently the act is complete before the family physician has diagnosed melancholia from neurasthenia. So common is suicide to melancholia that I stated in the last annual report of my sanitarium work that **"every case is suicidal in some degree at some period of the disease."**

Its importance is recognized in the fact that the practitioner sees twenty cases of melancholia to one of mania. The last three annual reports of my sanitarium show 103 melancholias as to 18 manias. In the chronic asylum cases the two types are nearer equal.



Of the 103 melancholias referred to in my reports 47 recovered, 21 were to all appearances recovered but were removed too early to warrant using the term recovered; 20 were well on the way to recovery and would have recovered had financial reasons not necessitated their removal. This makes 88 recoverable cases out of 103 unselected melancholias.

Of the remainder, three died; one a hypochondriacal melancholia, one a senile melancholia and one a neglected melancholia agitata with acute exhaustion. Seven were discharged unimproved, two senile melancholias, four chronic stuporous melancholias and one stuporous melancholia of the menopause—all unrecoverable cases when admitted. Five recoverable cases remained under treatment, making 103 in all.

This tells us three things to do: Diagnose melancholias early; treat them early; treat them carefully, systematically and in isolation from family sympathies and worries and the uncomplicated cases will get well, otherwise we are largely responsible for the annual crop of mysterious suicides and the filling of the public asylums with chronics.

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**Advertising**—A new form of the old trouble appears depicted in the following letter:

Dear Doctor.—I enclose you this piece of advertising used by one of our M. D's. You probably know him.

Yours truly,

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Holton, Kansas.

Enclosure:

Holton, Kansas, May 10, 1906.

Dear Friend.—I expect to be out of town for a few days doing some post graduate work as the New York Post Graduate School of Medicine. I will do special work in Surgery, Diseases of Women and Children, and Diseases of the Rectum.

Yours very truly,

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\_\_\_\_\_, M. D.

This card would be simply a matter of good or bad taste were it not in an envelope addressed to a family in which Dr. Blank is not consulted. We would say here once more: We can not be too careful about seeking patronage. Do not do anything toward winning over your neighbor's patients that you would not have him do toward winning away yours.

**Dr. Chas. L. Spaulding**, one of the most popular members of the faculty of the School of Medicine of the University of Kansas, was killed June 25 by falling down the elevator shaft of the new Argyle building in Kansas City, Mo. Dr. Spaulding was an authority on X-Ray work and orthopedic surgery.

# The Journal

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## **PROPHYLAXIS OF TYPHOID FEVER WITH THE INFLUENCE OF THE SOIL, FABRICS AND FLIES IN THE DISSEMINA- TION OF TYPHOID FEVER.**

J. E. FOLTZ.  
Hutchinson.

The prophylaxis of typhoid fever must be based upon a knowledge of the methods by which the germ of the disease is disseminated. While the contamination of the water supply has made the suppression of the epidemics of the disease heretofore almost entirely the business of the public health authorities, modern researches, while by no means diminishing the importance of the public control of the water supply, have revealed so many other possible and even probable means by which typhoid fever may be conveyed as to make individual effort of prime importance in the prevention of the spread of the disease. It becomes therefore the duty of the physician to see to it that no effort is spared to prevent the dissemination of the germ by other means than the water supply. For intelligent applications of the methods of prophylaxis it is essential to understand the avenues by which the bacillus may be excreted. These are in order of importance, the feces, the urine, the breath, the sputum, the skin contamination by typhoid discharges and the pus of abscesses. The feces should be immediately disinfected by a disinfectant such as formalin. The urine may be rendered sterile by the routine administration of some antiseptic as urotropin. This has been objected to on account of the serious symptoms occasionally observed as the result of the drug. Disinfection of the urine when passed may replace the use of urotropin, but it is a

measure which is likely to be inconvenient to the convalescents hence likely to be neglected. The fact that the bacilli are sometimes present in the urine for weeks after the convalescence begins, makes the disinfection of the urine of the utmost importance in preventing the contamination of the water and soil.

The breath, the spray from the nose, the throat and the sputum, becomes infected when the throat or lungs are affected. The fact the disease can be communicated by flies makes it imperative not to expose typhoid feces or the urine where the flies can gain access to them.

R. H. Firth and W. H. Horrocks have investigated the influence of soil, fabrics, and flies in the dissemination of enteric fever and come to the following conclusions:

1. That there is no evidence to show that the enteric bacillus, when placed in soil, displays any disposition or ability either to increase in number, or grow upwards, downwards or laterally.

2. That the enteric bacillus can be washed through at least eighteen inches of soil by the means of water, even when the soil is closely packed down and no fissures or cracks allowed to exist.

3. That the enteric bacillus is able to assume a vegetable existence in ordinary and sewage polluted soil and survive therein for varying periods, amounting in some cases to as much as seventy-four days.

4. That the presence or absence of organic nutritive material in the soil appear to be largely a negligible factor, since the enteric bacillus can survive in a soil indifferently well whether it be organically polluted or a virgin soil, and whether it receive dilute sewage or merely rainwater.

5. That an excess of great deficiency of moisture in the soil appears to be the dominant factor affecting the chances of survival of the enteric bacillus in, or at least the chance of recovering it from the soil.

6. That from the fine sand allowed to become dry, the enteric bacillus can be recovered on the twenty-fifth day after inoculation.

7. That from fine sand kept moist from either rain or sewage, the enteric bacillus cannot be recovered later than the twelfth day after fouling. This inability to recover the organism is due probably not so much to its death as to its being washed down into the deeper sand layers.

8. That from ordinary soil kept damp by occasionally adding of rainwater the enteric bacillus can be recovered up to and on the sixty-seventh day.

9. When wet with sewage the bacillus is recoverable up to the

fifty-third day. When kept wet with sterile sewage the bacillus is recoverable up to the seventy-fourth day.

10. That in a similar soil, after heavy rainfall, the enteric bacillus at once disappears from the surface layers.

11. That a similar soil, allowed after inoculation to become so dry as to be readily blown about as dust, the enteric bacillus can be recovered up to and on the twenty-fifth day. And the enteric infected material can be readily translated from dried soil and sand by means of winds and air currents.

12. From the fabric soiled with an emulsion of the enteric bacillus it was recovered at periods varying from seventy-four to eighty-seven days.

13. From similar fabrics soiled with liquid feces, the bacillus was recoverable on the seventeenth day. When soiled with solid feces and allowed to dry the micro-organism was recoverable up to the ninth day.

14. That the enteric bacillus is able to survive in a surface soil and exposure of 122 hours of direct sunshine, extending over a period of twenty-one consecutive days. That from a piece of infected serge the enteric bacillus is recoverable after the fabric has been exposed to fifty hours of direct sunshine spread over a period of ten days.

15. That ordinary house flies can convey enteric infective matter from specific excreta or other polluted materials to objects on which they may walk, rest or feed. That such infective matter appears to be attached not only to their heads (mandibles probably) but also to their legs, wings and bodies. It has not been proved that the enteric bacillus passes through the digestive tract of the fly.

The fly as a carrier of typhoid causing an epidemic of typhoid fever in Chicago in 1898 was investigated from the Memorial Institute of Infectious Diseases by Hammond. Two places were selected in the 19th ward in the neighborhood of the Hull House as especially favorable for such examinations, this ward containing 1-36 of the city's population and had over 1-7 of all the deaths from this disease. The first place to be investigated was an unconnected privy on Polk street into which the discharges of two cases of typhoid fever were being thrown without any attempt at disinfection. This vault was either very shallow or very full, for the dejecta was within three feet of the opening and had caught on the projecting scantlings within a foot of the opening. The flies (*Muscadomestic*) caught within this vault, on the fence of the yard and inside the sick room of one of the patients, which was also used for a kitchen, were dropped into test-tubes containing culture medium and allowed to remain there for periods varying from 15 minutes to



12 hours. Eight tubes were thus inoculated, three of which contained plain bouillon in which the flies were drowned, three the slightly acid gelatin of Hiss and two potato water gelatin of Holz. In two of the bouillon tubes, the one from the sick room and the one from the yard, a bacillus was isolated which corresponds culturally with the typhoid bacillus, and which agglutinates in dilutions of 100 to 200 with a serum of immunized animals. In one of the tubes inoculated by flies from the vault the bacillus was isolated and closely related to but not intermediate between the typhoid and belonging apparently to the group between the typhoid and colon groups. The second place chosen was a yard in Aberdeen street, containing one large, full and filthy vault not connected with a sewer. This was used by 16 families. Flies from the three privy vaults over this cesspool were used to inoculate two tubes of bouillon and one each of agar gelatin and of potato gelatin, other flies from the fence and yard and from the walls of two houses bounding the yards, at varying distances from the vault, were dropped into two tubes each of bouillon, gelatin and agar. From three of these tubes the typhoid bacillus was recovered; that is, from one bouillon tube inoculated with the flies from the privy and from one bouillon the flies inoculated from the walls of the house and from the fence. From another bouillon tube with flies from the fence a bacillus was isolated belonging to the intermediate group above mentioned, and another also of this group was isolated from one of the bouillon tubes which contained the typhoid bacillus. At the time the collection was made there were no fresh typhoid discharges being emptied into the vault so that the presence of living typhoid bacillus on the legs of the flies apparently proves either that the bacilli already in the vault were living and multiplying, or that the discharges of the recovered cases still contain typhoid bacilli. In the Polk street house the flies caught in the sick room were especially interesting. This room was used as a kitchen and at the time the collections were made the table was covered with food on which could be seen flies both living and dead. That food is kept more or less exposed, not only in houses, but in the groceries and fruit stands, that the houses are not furnished with screens and the proper care is not taken of the soiled linen, it can easily be seen what an important part the house fly may play in the spread of typhoid infection in such neighborhoods, as the epidemic in this locality cannot be explained by the contamination of the drinking water, or the food or on the ground of ignorance and poverty of the inhabitants, for this ward did not differ in these respects from several other parts of the city.

The importance of the common house fly in the spread of typhoid

fever was emphasized by Majors Reed, Vaughn and Shakespeare in their report of the "Origin and spread of Typhoid Fever in the U. S. Military Camps during the Spanish War in 1898." They state that in the camps: Flies are undoubtedly the most active agents in the spread of typhoid fever. Flies alternately visit and feed on the infected fecal matter and the food in the mess tents. More than once it happened that when lime had been scattered over the fecal matter in the pits, flies with their feet covered with lime were found walking over the food. Typhoid fever is much less frequent among members of the messes who had their mess tents screened than it was among those who took no such precaution. Typhoid fever gradually died out in the fall of 1898 in the camps at Knoxville and Keade with the disappearance of the fly, and this occurred at a time of year when in civil practice typhoid fever would generally increase. The first pits at Knoxville contained, before the first twenty four hours had passed after the arrival of the troops, fecal matter infected by the typhoid bacillus. Flies swarmed everywhere. Instead of abating, the disease increased. The soldiers were using the same water used exclusively by the inhabitants of West Knoxville, and among the latter there was not at that time a case of typhoid fever. Certainly the disease was not disseminated through the drinking water.

The prevention of typhoid fever must depend, not only upon the efficient action of the municipality in guarding the water supply but also upon individual prophylaxis, with the free use of disinfectants. As good as any is a solution of formalin 5oz, 4% to gallon or a solution of carbolic acid four ounces to the gallon in which all the stools, urine and patient's clothes, sheets, etc., should be thoroughly disinfected in one of the above solutions for at least four hours. And keeping the flies away from the patient and internal use of urotropin.

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### MEDICAL ORGANIZATION.

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J. DILLON, M. D.  
Eureka.

Why should physicians organize? In considering this question we find the reasons for organization are legion, while against it there are none. In the first place we need to get acquainted. We are all working for the same purpose, striving to accomplish the same end, the restoration of suffering humanity to a sane and sound condition. It is good often to meet in orderly assemblage and to clasp in the glad

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\*A paper read before the Kansas Medical Society at Topeka, May 9th, 1906.

hand of fellowship, the honest workers in this common field. Here we greet on a plane of common equality our competitor, face to face, and are often surprised to find what an intelligent, good fellow he is. And, perchance, he may find a hitherto unsuspected redeeming trait in us. The insurmountable Chimborazo that we thought was standing between us is found to have grown from a molehill of misunderstanding that should never have occurred. This is soon leveled down, old jealousies are dissipated, and we become mutual and abiding friends.

This is a great achievement; but the good works of medical societies do not end here. We learn from each other. Even the dullest knows something, or has found a way of surmounting some difficulty, that is helpful to all the rest. In these gatherings we need the young, fresh from the hospitals and schools; we need the middle aged, and we can not spare the old man. Though his early opportunities were meager and though he be clad in rustic garb, yet, endowed with a modicum of common sense, while sitting by the bed side of his sick neighbors, their wives and children, he has learned many things in 30 to 40 years that we all need to know.

Here we compare notes, exchange confidences, and if working in the right spirit, lay aside at once and for good, our bickerings and jealousies. As we learn more to respect each other and the general profession of medicine as a high and noble calling, so much more do we make ourselves worthy of, and so much more do we receive, the confidence and respect of the community at large. Do we complain of the sporadic and sometimes almost epidemic, hysteria of the people for patent nostrums, and such delusions as vitopathy, osteopathy, Christian Science, etc? Who is to blame? Clearly ourselves through the perennial snarling and caterwauling of a profession whose emoluments and joys in life would be enhanced many fold by being mutual, helpful friends. That the regular medical profession is the out-growth of the experience of the ages and the teachings of modern science applied to the healing of the maladies of men, there is not the shadow of a doubt. What we need is to bring out and ever keep to the front the best that is in us. If we would wish to see the days of the "healer" and all their ilk speedily numbered we should keep up this propaganda for organization until no nook or corner of Kansas contains a reputable physician who is not enrolled as a live, earnest worker in some one or more medical societies.

I am aware that this will take work, but it will yield big returns on the investment. Organized harmony is much less expensive than lone plodding and fratricidal strife. There will be some who will hesitate, hold back and refuse at first to work in harness, preferring to be

free lances; but they will soon learn that no man can live to himself alone. If we rigidly confine our affiliations and consultations to society members they will soon come knocking and begging to get in, and feel wonderfully aggrieved if they fail. And when they do come in the first thing we should do to them should be to give them a lesson in the Code of Ethics, and teach them that it is just as immoral and just as criminal to play the pirate upon one's competitor's business by assassinating his professional work through innuendo or otherwise, as to rob his hen-roost, or to filch his purse. In the latter transaction the victim's loss can easily be measured in dollars, but in the former he is left poor indeed.

Not long since I heard a story something like this: There lived in one of the smaller towns of a certain county a doctor who had grown gray in the honest pursuit of his calling. Like most of us, wealth had failed to light upon and abide with him. He had always given of his best to his patients and striven to be ethical towards his fellow physicians. His children were growing up and it took all he was able to earn to educate them for the duties of life. Competition was keen. He had no patronage to lose, nor a dollar to spare. There lived within the bounds of his practice a family whose physician and confiding friend he had been for years. The father became sick and gradually grew so much worse that all hands desired a consultation. The family named a doctor whose methods of getting and holding business had frequently not been modeled on the Golden Rule. Having no object other than the good of the patient and pleasing the family, the attendant consented to his call. They met, examined the patient and agreed upon a line of treatment. The next morning the consultant called up the family over the telephone, learned the patient was no better and volunteered a visit in the afternoon. Sometime after his arrival the regular attendant came, but soon found that in the intervening interval words had been spoken and things done that had forever severed the ties between him and that family he had been years in building. I shall not attempt to depict the sorrow of the aged doctor, as, with heart heavy and sore, he wended his way home, feeling that in that community he was forever dead, and his slayer installed in his stead. Neither shall I portray the struggle in his household that followed, with the wife and mother taking in washing and rubbing till her hands were raw, that she might add her mite to the diminished income of the father to keep their children in school. On this picture I draw a veil. But I pause here to ask, can such things be in the noble profession of medicine and the whole body not suffer? Would the offender have any right to complain if every honorable physician should absolutely cease



all professional relations with him until he had apologized, asked forgiveness of the injured one, and shown fruits meet for repentance? What he did to the other he only waits an opportunity to do to you and to me. As all are alike suffers from such deeds, their prevention and punishment should be the concern of all. The teaching of the Nazarene, was, and the teaching of the fraternal spirit ever is, "In as much as ye have done it unto one of the least of these, my brethren, ye have done it unto me."

After all, is there anything more foolish and short sighted than the commercial, cut-throat spirit in medicine? Even though one gain a temporary advantage, he is a loser in the final analysis, the profession is snitched, and the whole community is damaged. It is a sad thing to say, but I fear too true, that there is more than one county in our state with a half dozen or more bright, intelligent physicians who are committing professional suicide through mutual jealousy and internecine strife. When counsel is needed they go from home to get it, thus injuring both their neighbors and themselves by perpetrating the fallacy that wisdom is always far away. Operations in which the work and recompense should remain at home are shipped to the distant city specialist. Some of these men would like to withdraw from the general practice and pursue a specialty but the field is limited, and a paying business could only be secured through the friendly co-operation of their neighbors. Then up comes the curse of previous unethical doings to thwart the ambition of a life time, Whenever a 'doctor habitually ignores his neighbors and sends abroad for counsel there is something radically wrong and the seed he is sowing will raise a crop of thorns and brambles to block his pathway in years to come.

That we need to be organized for individual and collective protection against dead beats of all kinds, scandal mongers, law suits, etc., needs no argument.

If the reasons for organization so far given may seem somewhat narrow and selfish as they chiefly concern our own profession, there are other reasons which are as broad as humanity and as vital as the welfare of man.

After long years of begging, argument and entreaty, we have succeeded in getting incorporated into the statutes of most of our states some pretty fair medical and sanitary laws; but they fall far short of yielding their full fruitage by reason of nonenforcement, through the indifference, incompetency, or worse, of executive officers. Unless my county is an exception, the average county attorney is about as valuable as, and no more efficient than, would be a graven image or the Egyptian Sphinx in the enforcement of any medical law. And in

choosing a county health officer by the commissioners, questions of fitness, or whether the applicant ever took a lesson in, or gave a thought to public sanitation, are too often not considered. If a cheaper man can be found next year a change is made and he gets the job. Reports are made to the incumbent by those who desire to do so, and those who do not so desire ignore in entirely. And we call this collecting vital statistics! What are such statistics worth. If the great end and aim of statistics is to conceal facts then they have fulfilled their mission, for by them no man on earth can tell how many children are born in Kansas in a year, how many persons die, nor what maladies took them hence. When we come to state affairs things are not enough better to make the honest citizen marching under the banner "Pro Bono Publico" feel very proud. Positions in state boards of health, sanitariums, hospitals, asylums, etc., are too often given to politicians, and utilized in paying political debts or building up a machine, and the requests of the State Medical Society ignored. Then when the governor is called to task for his insult to that honorable body he replies that in what he did he was following in the footsteps of his predecessor. The answer is not satisfactory, for if the people down our way were not very much mistaken, that was just what he was elected not to do.

There is a remedy for all these evils, and most beautifully Ohio showed us last fall how to use it. The governor felt that his party majority of a quarter of a million in his state made his position as unsailable as the Rock of Gibraltar. Why should he be bothered by the appeals of humanity and righteousness and give heed to the unselfish requests of doctors when there were so many politicians to be appeased? The doctors patiently bore their slights and affronts until the superintendent of the Hospital of Epileptics, whose intelligence, years of sympathetic study and experience especially fitted him for the place was dethroned and the unfortunate inmates turned over to the politicians for their spoliation, rake-off, and graft. This last straw broke the camel's back. 5000 physicians pulled off their coats and went to work with other anti-forces and on election day cast their votes against the governor. The next morning he awoke, to find his power over-thrown, his Gibraltar taken and his competitor successful, with over 40,000 votes to spare.

And as Patrick Henry would say, "May the governor of Kansas profit by Herrick's example!" Neither should we allow it to be lost to our legislators, county attorneys and commissioners.

The reasons for medical organization stretch out and spread on until the entire nation and the whole world are covered. But one more, relating to the Panama canal, will exhaust the limit of my time and

space. Every foot of the railroad traversing that narrow neck of land was built a generation ago at a cost of a human life. At the cost of hundreds of lives and millions of money it took our government two years to learn what every intelligent physician in Europe or America already knew—that the greatest impediment in the way of constructing the canal was not mountain heights, granite walls, nor the Culebra cut, but the “pestilence that walketh in darkness.” That the greatest problem was not one of mathematics, but one of sanitation. Had the medical profession of America been thoroughly organized and of such solidarity as to give potency to its mandates, the behests of the New Orleans meeting of the American Medical Association would have been followed, millions of treasure and the lives of hundreds of men would have been saved, a national scandal averted and the canal many months nearer completion than today.

Now, while I have been reading, if some of you have been cogitating the propriety of going home and gathering a few congenial spirits, or even a majority of the physicians of your county, into a perfunctory organization to preserve your membership in the state and National societies until it dies with the dry rot, then the thing you are thinking about is not the thing I have in mind. The individual is a unit, each is an organ; altogether they constitute the great medical body. The body is never in vigorous health and capable of its greatest usefulness until every organ is in place and properly performing its legitimate function. When this ideal condition is reached, mutual destruction strife, bickering and jealousy will give place to fraternal trust and good will; for the purpose of rest, recreation, business, or pleasure, a physician can temporarily go abroad without feeling the danger of being robbed at home by his neighbor while he slept, and the practice of medicine will have become what it ever should be—pleasure to its votaries, and a benediction to mankind.

Young men, you whose professional lives are still before you, to you especially I make my appeal. Demand for yourselves, and ever be ready to grant to all others, a square deal. If success comes to you through merit alone, a happy reward awaits you, but if in tearing others down only you have hope, you are of all men most miserable. Make no delay in taking a life membership in your local society. We live in an age of conferences. Union is wisdom. “To love and trust is wiser than to hate and doubt, to create is better than to destroy.”

#### DISCUSSION.

DR. MINNIE—I am satisfied that Dr. Dillon did not mean to cast any reflection upon the present officers of our State Institutions, that are controlled by the State. I am personally and intimately acquainted with the two gentlemen who are at the

head of our State hospitals, and we know they have been carried over from a former administration. I refer to Dr. Biddle and Dr. Uhls. I would say this, that for the past three years Dr. Biddle has given a course in mental diseases in the Kansas Medical College, to the students, that can not be excelled in any other college in the Union.

DR. DILLON—I would say in reply to the doctor that the two men that he spoke of were not in my mind and had not been at any time in the general discussion of the paper.

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### SUGGESTION IN THE TREATMENT OF CERTAIN 'PSYCHOSES.

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W. D. TOBY,  
Salina.

The profession of medicine is today confronting one of the most peculiar situations in its history, and perhaps one of the most important. It is a day of threatened therapeutic nihilism. Christian Science affords the most formidable organized protest against drug medication, and even so reputable authority upon medicine as Dr. Osler is charged by some of being biased in the direction of drugless healing. On the other hand, the nostrum and patent medicine manufacturer and vendor has reaped rich harvests by taking advantage of the popular drug taking instinct and is now arraying himself against the medical profession to prevent legislation which might prohibit him from further robbing the dear people by the sale of his wares. Between these two extremes, there is a mean or middle ground which is occupied by the ethical, honest and altruistic medical men who are seeking for a more rationally scientific basis upon which to predicate the therapeutic art. To an eminent degree does the Psychiatrist occupy a middle ground as between these two extremes, for he sees the uncertainty of mystical speculation in the one and the danger of ignorance and prejudice in the other. He cannot indorse drug therapy nihilism on the one hand, nor can he sanction mere drug routine prescribing or doping on the other by the merest tyros in the profession or the manufacturers and venders of nostrums. It is an encouraging circumstance to the thinking and observing medical man that many ably written articles on suggestions and psychic research are finding place in medical literature. The intellectual fashion has been for materialism, and yet the paradox is a strange one. Never has the world had a stronger tendency towards occultism. The Christian Scientists and Dowieites represent the extreme of supernaturalism, for they say matter is nothing and there is no pain—mind is everything. Those who declare that we should not believe anything that our reason cannot comprehend and explain, represent the extreme of materialism.



The doper finds his clients with purely subjective symptoms going to the Christian scientists and being cured. He secretly marvels at the result but outwardly and ignorantly calls the healer a "quack." The Christian Scientist gets stuck on a case, the family gets alarmed, and likely the most ignorant doper to be found is employed. The two extremes meet on a common ground, and that is one ignorantly and wilfully depriving the world of the benefits of a rationally intelligent scientific formula of suggestive therapeutics.

Presuming that a scientifically intelligent body of medical men has sufficiently investigated the law of psychic phenomena to intelligently and scientifically apply the law of suggestion therapeutically, I will proceed to notice, in a cursory manner, certain psychoses amenable to treatment by suggestion.

It is not treating the patients derogatively whose disordered health conditions make them amenable to treatment by suggestion to classify them under the head of pathophobias. Aetiological precision will not be attempted, neither is it necessary in discussing these above named conditions. The reasons are obvious, for they very seldom involve any perceptible pathological changes and even after death reveal any change of structure. The symptoms to be met with in these patients are purely of a subjective character. If the disordered conditions of health can be called diseases at all, it is evident at once that they have their origin in perverted mental concepts. These perverted thoughts may be logical enough in form, but they are built upon wrong premises. Furthermore, these pernicious thoughts are not necessarily of the conscious type but are usually of the unconscious type. It must be understood by those who wish to employ suggestion in the treatment of the psychoses under consideration that the will is not a faculty of the mind, but is an impulse which underlies all action. It is the function of the objective or conscious mind, to control or direct the will, and where that control is lost the individual is reduced to a mere automaton and is in a state of suggestibility, by which term is understood to be a state wherein reaction must be compelled by external impressions. In patients wherein there is loss or impairment in control of the will, suggestion is a valuable therapeutic agency in consonance with the universality of the operations of the laws of suggestion.

Mind is most unquestionably the most potential force of nature, and at every turn the physician has to deal with disordered mental force, or sick minds. Matter, which the Christian Scientist pretends to regard as nothing, is the medium of expression of a hidden something. Modern science has rested contented with what can be demonstrated to the five senses, and in practice has reckoned it the all. The vast

unknown has been reckoned as the unknowable, and men have been willing to leave it unexplored. The unity of all phenomena, however, has forced its way into our convictions. In diseased conditions there are phenomena presented for the manifestation of which there can be given no rational explanation and for the amelioration of which drugs must be prescribed in the most empirical manner. To realize that in dealing with the sick we are dealing with a deranged psychosis rather than with an organized machine, is but to appreciate the benefits of suggestion as a therapeutic agency. In the treatment, then, of the larger per cent of the psychoses suggestion aided by the exhibition of a placebo will work wonders, while mere routine and guess work drug prescriptions will be rewarded only with failure and disappointment.

Medicine can never expect to attain to the rank of an exact science. As an empiricism, the more enlightened it becomes the more good it will accomplish in the world. In the prosecution of the healing art many devices must be resorted to to tickle the fancy of fools while nature cures the disease. This will most aptly apply to a large per cent of the psychoses as we find them today, not that the invalids are intentionally fools, but that they are under the tyranny of an organization they do not understand and can be helped to a comprehension of it only by the use of the subtle power of suggestion. The inhabitants of that border line between crime and insanity must be taught that they can not be unlimitedly drugged. To attempt to make experts before courts of justice in cases of crime attributable to insanity of those who have not investigated the law of psychic phenomena is the merest travesty upon science. The resultant failure of much of the drug therapy of the day is to be seen in the hordes of mental and nervous sufferers who flock to the seances of the mental divine and magnetic healer, with the result that many believe, they are healed. If healed, however, they have not been healed by magic, nor by and through any supernatural agency, but by the power of suggestion.

In conclusion, then, it might be well to warn the profession against overdoing the drug act and against too dogmatically underestimating the value of suggestion as a therapeutic agency, for suggestive therapeutics has come to stay.

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**The Sterling Hospital and Training School for Nurses** held its commencement exercises July 10, 1906. The graduates were Pearl Liebman, Clare Mitzner, and Laura Kennan.

### WHO ARE WE ANYWAY.\*

Article three of the constitution of our society says: "Every legally registered physician in Labette county and who does not support or practice or claim to practice an exclusive system of medicine shall be eligible to membership." Who are we, anyway? This is a pertinent question to those of us who remember the old code of ethics. The lines were then drawn so closely that it was a fight to a finish in every community. If there was a consultation at all, it was like an armistice between two armies and the family generally decided who should keep the case. I remember at one time having refused to consult with an alleged homeopathic physician. On being assured by him that he wanted me, I saw the case with him. I was surprised to find that he was treating a case of inflammatory rheumatism by putting a small quantity of morphine in a glass of water and giving teaspoonful doses at short intervals. He was neither homeopath or regular for neither would have expected an effect with an infinitesimal dose of morphine. However, we have now the alkaloidist who gives a definite small dose at short intervals and secures results. The definite small dose is different. A twelfth of a grain of morphine given at short intervals may produce the result desired before the full dose is reached. So perhaps my alleged homeopath of twenty years ago was reaching out in the right direction.

When a new physician moves into a community now he is given the "glad hand" until he proves himself to be either a charlatan or a gentleman and scholar. Here is the whole secret—a gentleman and a scholar. We will notice the scholar first, for sometimes a scholar is not a gentleman. The state laws are now such that it would be difficult for some of us who were such sticklers over the code, to get a permit to practice if we had to stand an examination. It is well it is so for we know that when a new man moves into our community, he should know—chemistry, physiology, anatomy, and pathology.—embracing in this last science, microscopy, bacteriology, and hygiene. This last is about as important as any of the others, for, given a physician who is up on hygiene and one who is a gentleman, and one who will not give much medicine, the chances are that the case will get well anyway. But my above mentioned gentleman and scholar will do something if the case demands it and will use heroic methods. I am finding out

\*Paper read before the Labette County Medical Society June 20th, 1906, by Geo. S. Liggett, M. D., of Oswego, Kan.



that the other fellows are pretty good men and use just about what we do when the case requires it. I also have noticed in the last thirty years our methods of treatment have materially changed. In point of fact, a true physician is a true eclectic, using any method to produce a result. What has brought about this condition? The uncertainty of the action of drugs was a factor in forming the different schools of practice. This same uncertainty has been a means of uniting the different schools, through the pharmaceutical houses. A preparation is left in your office claiming certain results in certain cases. You use it and find it does what it claims. A man would be foolish not to continue its use, no matter if it did come from some despised school. There is a great deal being said against using proprietary preparations. I can not see why a certain house can not make a certain preparation better than its competitors. I have never yet found anything that was just like listerine. Yet I have have tried every preparation that has come along claiming to be just as good. I have long used a certain preparation for the chronic coughs of elderly people with good results. It producing results when my regular prescriptions failed. Yet it is a proprietary preparation and even has a patented name. It is results I am after. I don't want to go back to nasty smelling powders and having to mix them up with bread, as I have seen the old time doctor do. I believe that the pharmaceutical houses are pretty good people, though they sometimes send out too much literature telling us what to do and how to do it.

I have said that sometimes a man may be a scholar and not a gentleman. What becomes of the physician, who is a scholar and not a gentleman? There is a place for him. The world has not changed, however much the science of medicine has changed. The good people like to be fooled and we find all down through the ages that there were charlatans, and we find them now, as a traveling doctor, an osteopath, or a suggestive therapist, or anything to get money out of the dear people. The people like it and there is money in it.

Who are we, then? We find that article two of our constitution says, "so that by frequent meetings and frank interchange of views, we may secure such intelligent unity and harmony in every phase of our labor as will elevate and make effective the opinions of the profession in all scientific, legislative, public health, material and social affairs." Please excuse the lengthy quotation, it expresses the whole thing. I have shown that in education we all should be equal, and given a man who is thoroughly educated and one who is a gentleman, you will find that he will treat his cases about as you treat yours, especially after he has been out in the world a while.



We should unite in getting good laws passed, we should be a unit in matters pertaining to public health, and we should be gentlemen in every phase of our profession.

We have a case now that should bring out some discussion. An applicant for membership into our society refuses to sign the blank prepared by the state society. Is he afraid to stand on his merits as an M. D. or does he want to use his *ism* for advertising purposes? The old school physician always has been content with simply M. D. and yet to see M. D. oculist, or aurist, or throat and ear, Query? Have they any more right under our constitution to use these designations than the homeopath to use his? We know that if we should see "M. D. Homeopath, Oculist," that that man would use the same text books, same instruments, same methods and same medicines as would the old school oculist. If he has a case of conjunctivitis he would not fill the eye with lime or sand, or if it was a case of specific conjunctivitis he would not go and get a fresh batch of gono-cocci to cure the case, but would use the same method of treatment as the other fellow.

GEO. S. LIGGETT,  
Oswego, Kansas.

6-20 1906.

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## THE PROBLEM OF MEDICAL EDUCATION IN AMERICA.\*

BY MERVIN TUBMAN SUDLER.

Dean of the Scientific Department of the School of Medicine of the  
University of Kansas.

Any system of education or training which has for its purpose the fitting of an individual for a definite place in the social order must, if it is to be successful, take into consideration the application that is to be made of this education and training. The more specialized and complicated the duties, the greater care must be taken in order to shape the training so that the individual will be able to perform them properly. In medical education this is especially true, for the duties of the physician are of a special character and are highly complicated, embracing as they do his relation to the individual, the victim of disease under his care, and the wider and more public sphere,—his relation to the general health of the community in which he lives.

The personal relation has been well expressed in a recent address

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\* An address delivered before a public meeting of the Sigma Xi Society of the University of Kansas, May 24, 1906.

to medical students, "The practice of Medicine is an art, not a trade, a calling, not a business, a calling in which your heart will be exercised equally with your head. Often the best part of your work will have nothing to do with potions and powders, but with an exercise of an influence of the strong upon the weak, of the righteous upon the wicked, the wise upon the foolish. To you, the trusted family counsellor, the father will come with his anxieties, the mother with her hidden griefs, the daughter with her trials and the son with his follies."†

This is the most common and familiar aspect of the physician; by it he adds to our comfort and restores health. But it is in the wider sphere preventive medicine that the medical profession has accomplished its greatest successes. And this has been done so quietly from decade to decade that the public has taken these triumphs for granted. It is this branch that requires the highest skill and technical training. "I once thought long ago when I was a medical student that a physician's chief business was to cure diseases, but a quarter of a century has shown me that the highest and noblest of our art is to prevent them"‡ is the expression of one of our most noted surgeons.

This is the side of medicine that has increased the expectation of life in New York City from a little more than 25 years in 1886 to 40 years in 1903 (Biggs). It is through this branch that Lazear, Reid and Carroll gained the knowledge that made it possible to control the recent epidemic of yellow fever in New Orleans and to stamp it out before cold weather for the first time in its history, and in this instance it was gained by the sacrifice of the life of Lazear. It was this branch of medical knowledge and its application that gave the Japanese their greatest triumph in the war with Russia, for it is the only war recorded between great nations where bullets killed more men than fever. It is the lack of application of this knowledge which renders the mortality from typhoid fever ten times as great in Pittsburg and four times as great in New York as in Hamburg, Germany, even though Hamburg is not so advantageously situated as either of the American cities just mentioned, and has the greatest mortality of any German city from this cause.

Such are the responsibilities and duties of the physician, and in their performance the highest functions of the intellect and heart are called into play, such as can only be brought to their fullest perfection by the most careful and rigid education; for he must not only have

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† Dr. William Osler, Johns Hopkins Hospital Bulletin, January, 1904.

‡ Dr. Howard A. Kelly, Journal of American Medical Association, March 4, 1905.

technical skill and capacity, but he must have a sympathy and interest in all that is human.

In most civilized countries the educational requirements of the physicians are high and assure a thorough foundation. In England, a university degree is required and that is followed by from five to seven years study of medicine; in France, a bachelor's degree with a study of physics, chemistry, botany, and zoology followed by six years of medical study; in Austria five and a half years study of medicine; in Germany the equivalent of the first two years of our better colleges followed by five years of medicine in the university. In Holland, Belgium, Russia, Switzerland, Italy, Denmark, Norway and Sweden the requirements are similar. In America, be it said to our shame, we have the lowest and poorest medical standards of any of the great civilized nations. The requirements of all others are much higher than those demanded by the United States and added to that there is a different standard and a different board of registration holding its examinations for each state, making uniformity of standards impossible—a condition which is unknown in any other country. In less than ten of our 160 medical colleges are the standards as high as those required in the poorest of foreign universities.

For the most part the physicians over the country have been educated at the so-called proprietary medical colleges. Whenever and wherever a few physicians have gathered together we have had a medical college of this type started, without properly trained teachers, especially for the fundamental branches of medical knowledge, without facilities and equipment, and with students without proper preliminary training. (In most cases much less than the entrance requirements to college for candidates for the bachelor's degree). In these schools the subjects taught during the first two years may range from Latin grammar to any branch of clinical medicine. The instruction is given by men in active practice who expect to obtain their remuneration from the added prestige and practice their position gives them, or from the tuition fees of the students. This condition has prevailed until we have four times the number of medical students in proportion to our population and eight times the number of medical schools as Germany and about double the number of physicians above all possible demands are graduated annually. In the past some of these institutions have done excellent pioneer work and their faculties contained men of wide note. A certain number have become the medical departments of universities. But the great increase in the expense necessitated by the modern laboratory makes it impossible for them to compete with the medical schools supported by state

or private endowment and in the progress of events must succumb if the standard of medical education is raised. Most of the states also have realized in recent years, that it is not in disagreement with the idea of personal liberty to safe-guard its citizens from physicians whose training has been such as to preclude all possibility of their having a competent knowledge of medicine, as well as from quacks and charlatans; and while the lack of uniformity and system is ridiculous, it has forced these colleges to raise their requirements so as to cover the minimum qualifications for practice.

Medical public opinion is gradually awakening to the evils of this system and in this awakening lies the hope for a brighter side to medical education in this country. Maurice H. Richardson in a recent address concerning surgery and its relation to medicine said, "Before studying medicine the student should be well grounded in botany, chemistry, and physics. His education in the medical school should be principally in what might be called the A. B. C's. of medicine, anatomy, physiology, and pathology. Most of his time should be devoted to the study of the human body in normal action (physiology), in abnormal action (living pathology), and in the study of the dead body (normal anatomy)."§ and these are the branches usually neglected and poorly presented in the smaller colleges whose instruction is of the "so-called practical type." Such expressions from prominent men in the profession throughout the country are becoming more common, and are having their influence upon both medical schools and prospective students. In the better medical schools the standard of admission has been raised until two require the bachelor's degree, one, three years of college work, and five, two years of college work. In several others students are advised to take six or seven years and obtain both the bachelor's and doctor's degree. In addition to this, facilities for teaching and research work have been provided. In several states the state universities are combining one or more of the smaller local colleges into departments with improved equipment. Thus we have the two types of medical schools representing two distinct systems. The proprietary school, giving a training which resembles the apprentice system, the so-called "practical education", where a student is taught to do many things empirically and without sufficient basis or preliminary education to enable him to grasp the reasoning that should accompany his actions. "It is this narrow conception of the so-called 'practical' in medical education and practice,—the idea that the student who is to become a physician in the ordinary sense of the word needs any less thorough scientific

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§ Maurice H. Richardson, *Journal of American Medical Association*, October 7, 1905.



preparation than the research worker, which I wish earnestly to contest," ¶ represents the idea of the dean of our leading medical college in the middle west, in regard to this type of medical education.

On the other hand there are the few schools represented by state universities, and some private schools, that stand for higher things. Teachers especially trained in anatomy, chemistry, physiology, and pathology, are employed who devote their whole time to these branches. A proper equipment is provided for men not so burdened with teaching as to preclude all idea of research, and among the very few, this university idea of investigation is even carried to the clinical branches of medicine, and the need of such men announced. "We need such men, moreover, in the clinical branches, men who, relieved of the burdens of ordinary practice and supported by adequate salaries, are able to devote their entire time to the study of hospital cases, and to the exhaustive investigation of disease in the hospital ward and laboratory;"<sup>5-6</sup> is from a recent address of Dr. Dodson. Dr. Barker of John Hopkin's has advocated such an institution but so far it does not exist in this country. It exists in the plans for the future of the Rockefeller Institute for Medical Research in New York, but has not yet been realized.

In these schools which represent the modern idea of medical education there is more and more of a tendency to give up the first two years to the A. B. C's of medicine, as Dr. Richardson has called them, and to make the instruction in anatomy, physiology, and pathology, thorough, taking up all the student's time with the various branches of these subjects and leaving their practical application to later study; for without this thorough ground work the student is absolutely unable to comprehend the facts of clinical medicine that follow in the last two years of his training. Thus the course of instruction is naturally divided into two divisions and is not interferred with in any way by a geographical separation. This injection of pure science and research into the medical school means a far greater outlay than by the old methods and it is even now, when its value is so well established, occasionally asked by governing boards and even heads of educational institutions—Does it pay? Does it increase the efficiency of the physician produced? There can be only one answer to these questions—It does. It makes the difference between a concise, clear thinker who knows his ground work, and one who does not. It often means the difference between a correct diagnosis and none, or a wrong one; and this difference may be one of life or death. In preventive medicine it is

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¶ Dr. John Milton Dodson, Journal of American Medical Association, July 8, 1905.

of far greater value for many more lives are involved. It may mean (if unhampered by politics and "best citizens") the difference between an outbreak of typhoid fever and its absolute prevention; the difference between epidemics and the contagious diseases reduced to a minimum; the difference between having the proper men in the community to act as its health officers and guardians and men who are hopelessly unfit and incompetent. Against the necessity of this thorough training it has been said that many ambitious and deserving young men have neither the time nor the means to obtain such training and to such it works the hardship of being unable to realize their ambitions. This statement resolves itself simply as to the question of who shall undergo the hardship, the individual or the public? We do not question the justice of preventing men from obtaining material advantages under false pretenses; should we adopt any different standards where the health of and lives of a community are at stake? And allow the unqualified and inefficient man to pretend that he is qualified to bear responsibilities when it is self evident that he is not. There is nothing mysterious or anomalous about medical education. To train a man to be competent in this work the same methods are necessary as in the training for any other work that is highly specialized. It takes time and painstaking care at every point.

In regard to research—Does it pay for the costly equipment and the time of experts that must be spent? Out of such equipment has resulted more advance and more increase in medical knowledge in the last quarter of a century than in all the time that precedes it. From such a source diphtheria antitoxin was derived as a result of pure laboratory methods. This one discovery alone has saved lives sufficient to justify the expenditure of all that biological research has cost in the last century. By the application of the results of laboratory work tuberculosis is surely but slowly being removed from the first ranks as a cause of death, and the recurrence of the bubonic plague, as it existed in the middle ages, rendered impossible. No biological fact or discovery can long remain without its practical application, and in this day when only the practical seems valued there is no branch of learning which offers more for the common good of the race.

The method of imparting knowledge is not the same when men of better education and of more maturity, are trained. The weakness of the didactic system with its descriptive lectures and quizzes is apparent when applied to such students, and it is superseded by the more direct method of teaching the student to observe for himself. This develops his resourcefulness and independence and while it may seem unsatisfactory for a few months to those who have been accustomed to

be led, in the end more is accomplished than by the other method. Prospective students of medicine are also understanding that the men who have had the broader and better training are the men who succeed in their profession even in the face of what is often an indiscriminating public, and the schools offering such advantages are securing the best of the student body in point of view of numbers and of quality. In many of the better hospitals in the large cities, it is usually the man who has obtained his bachelor's degree before studying medicine that is selected in the competitive examinations.

These are the ideas that are shaping medical education in this country but as in all other substantial reforms it is only possible to realize them slowly. In too many institutions, even those which aspire to the university class, the attractions are insufficient to obtain well-trained suitable men; and if they do the time that should go to research must be spent in practice to add to their meager incomes. Besides this there is often little honor and little standing accorded to the holders of these positions, thanks to our low standards of medical education in the past.

Modern medical education is expensive. The advances in all departments which supply the fundamental knowledge necessitates laboratories with costly and complicated equipment. Men who devote their lives to teaching these special branches must be better paid than the incompetent teacher who is doing it simply to gain prestige and practice. This is being realized and we are gradually learning that the only "practical knowledge is thorough knowledge" and the demand for the institutions which supply that sort is increasing, and a few institutions are trying to meet this demand. The great need, of the medical profession in America is not more schools but better ones; not more physicians but competent ones; and no new institution should be allowed to start in this country unless it aims to supply these methods. If such a thing as Federal control of the practice of medicine could be brought to pass it would help immensely by bringing about a uniformity of requirements and this would tend to produce uniformity in raising the standard of medical education. Then it might be possible to have a group of schools in various cities which would allow the students to take work in the different schools without loss of time and great inconvenience, as is possible, in Germany today.

For most of our hopes we must look to the future and this seems bright, when we compare the present with the past twenty years or even the past ten years. The Association of American Medical Colleges which has for its purpose the raising and standardizing of the minimum amount of work for which the degree can be given, has done much good. But the most powerful agents for good is an enlightened

public opinion both in the profession and out of it. This amounts to a very general feeling among those interested in medical education that two years of properly selected college work at least should be required and that the "scientific branches" should be taught by experts and men who devote themselves solely to these branches. As has been mentioned, the lack of means is the greatest obstacle in many schools to the realization of this much needed improvement. In the schools claiming to be of the better type, research should be stimulated by giving proper surroundings to competent men, and this should not only be true of the workers of the scientific departments but in the clinical as well where it is possible.

Added to this there is the understanding among the students themselves that such a training is the kind that brings ultimate success, as the officers of many institutions refuse to select men who have not had such training. In certain branches of the public service at least one year of hospital work is added, and this has become practically necessary if one is to have the opportunity for the best in this profession, as it is becoming more general. When these tendencies are accomplished facts,—when two years of proper college work is the minimum requirement for entrance to any medical school, when four years of competent instruction is given and a year of hospital work is required before the prospective physician practices—then and not until then, can we claim to be on an equal footing in medical education with other civilized nations. Then an American diploma conferring the degree of doctor of medicine will command respect in any country, and the average physician be entitled to command and will receive the respect from the community that should go with his profession, but which is too often, and in most cases justly lacking at present.

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At the Boston session of the American Medical Association, the following resolutions was introduced by Dr. E. Eliot Harris, of New York, and on motion of Dr. C. E. Cantrell, of Texas, was unanimously adopted.

"Resolved that the Committee on Publication of the journals of medicine published by the State Medical Association affiliated with this body, be asked to assist the Board of Trustees in their efforts to suppress the advertisements of medical nostrums and to co-operate in the work of securing pure food and pure drug laws in the United States."



**THE COUNCIL 1905-1906.**

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In this issue we present the portraits of our 1905-6 council. It was scheduled for the May issue, but the cut was lost in transit. We therefore must apologize for the tardy recognition of their work.

The councillor's work is the hardest in the society—because he is the peacemaker—the Godfather if you please—among the physicians of his district. He must give up time and ease to visit each county yearly. He is reimbursed only for his actual outlays while on such trips, but on him depends the whole fabric of our society.

We have only to look at our society lists to see the results of this work. Where the councillor has been faithful, every county is organized and harmony prevails, where the councillor seeks the honor and neglects the work, we still find bickerings and anarchy. Since our council has changed our society from one of 300 members to one of 1200, we all owe a debt of gratitude to our councillors, and should not be slow in personally extending it.

The ex-officio members of our council, our president, secretary and treasurer, we have presented at other times.

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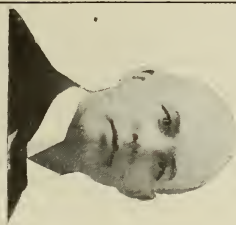
Great Bend, Kansas, June 26, '06.

EDITOR MEDICAL JOURNAL,  
Lawrence, Kansas.

Dear Sir:—On last Thursday, June 21, '06, a man representing himself to be a doctor, and having a woman with him whom he claimed as his wife, left this town with a team that belonged to a livery man here by the name of Mike Dailey. He also owes W. T. Kendall, a very large board bill, he owes the barbers for his shaves, he owes everybody that he could owe anything to when he could not contract large debts he would make them as much as he could, he had his patients advance him money on their cases, his profession is anything but that of medicine.

F. A. Beebe, the missing man, came here from LaJunta, Colo., he was formerly located at Clayton, New Mexico, and he must have originated from Cory, Penn., as he possesses numerous letters of recommendation from men of that town (Cory, Penn.) He also received a check from one of the grocers of that place as I cashed the check.

F. A. Beebe is a tall slim man, he weighs about 140 pounds, his hair is gray, his mustache is gray and his age is about 60 years, he is of a nervous temperament and is a cocaine fiend, he wears a Prince-Albert coat, a black stiff hat and low patent shoes, he apparently shows dissipation in various ways. His wife is about 30 years old and has black eyes and black hair, and she is of German descent and weighs about 140 pounds. She wears a hat that has a white feather in the left side. Mike Dailey and W. T. Kendall are offering a reward of \$25.00 for his arrest. Wire one of the above named parties.



*Dr. Sawell*



*Dr. Graves*



*Dr. Jarrett*



*Dr. Furst*



*Dr. Deile*



*Dr. Goddard*



*Dr. Alkire*



*Dr. Clidias*

*= The Council 1905-6 -*

**ADDRESS ON MEDICAL EDUCATION.**

Before the Kansas Medical Society at Topeka.

WILLIAM H. CARRUTH, PH. D.,  
Lawrence.

Wednesday, May 9th, Evening Session, 8:00 p. m.

Address by Prof. W. H. Carruth:

Prof. Carruth represented Chancellor Frank Strong of Lawrence, and spoke as follows.

Mr. President, Ladies and Gentlemen: I cannot hope in any way to be mistaken for Chancellor Strong. Those of you who know him personally will appreciate doubly the significance of that remark. I am not then in the condition of the royal forester who was met by the Grand Duke of Saxony while he was hunting, and was introduced to him as Mr. Heintz, and the Grand Duke said to him, "Oh, are you a cousin of Oberforester Heintz." He said "I am Oberforester Heintz." "Oh," the Grand Duke said, "and probably that accounts for the resemblance." Nobody would have to have that explanation as between Chancellor Strong and me. I am sure that he regrets as much as you regret that he cannot be with you, but it is not wise for him to be with you this evening. It is unnecessary to say that a man who is just getting up from a two months siege of typhoid fever, cannot take too much care of himself.

I have, aside from the efficient call which brings me here, an affinity for a gathering of this kind, which I think I may may rightly explain. I began my career in the world by determining to study medicine myself, and some thirty two years ago I began reading in the office of one of the leading physicians in Lawrence. I worked faithfully through the bones, in Dalton's Physiology, I knew it as far as I got. I began to look ahead, and I had higher notions of the physician's responsibilities and duties, and I was very poor. I figured out that I could not satisfy my conscience with anything less than four years of medical study and four years of hospital work on top of that, and I saw no possibility, and knew there was a long struggle beyond that. So, it is my high regard for the responsibilities of the medical profession which has prevented my being one of your number at this time, and instead of that I am merely an humble teacher of German.

The relation of the University to the medical work of the state is the subject on which Chancellor Strong would have spoken to you to-night, and a word or two of what the feeling of the University, Chan-

cellor Strong and the management of the University, is what I have to bring you tonight on his behalf, and on behalf of the University.

The University of the State, I think I need not say to you, is absolutely and immovably established in the hearts of the people of the State, and the medical department of that University I take it, has a destiny absolutely as certain and inevitable as that of the University itself. The University is the institution of the State, the head of the educational work of the State; and just as surely the medical department of the University of Kansas is to be the head and front of the medical instruction in Kansas, and as we believe, in the west. What it is now or what is is not now, young as it is, of course is not a serious point in discussion or argument. It is, what it is bound to be. It is your institution and your school- not only of you of the profession, but of all of the people of the State; and it is only a question of how much we can all do, working together, to make it worthy the great State of Kansas, and not a question of whether or not we wish it to be this or that, or when it is to become this or that. For better or for worse it is your school, and you may be sure it will not be for worse.

We hesitated a long time about the development of a medical school in the State of Kansas, I believe the hesitation, if anything, was too long; that the beginning should have been earlier rather than have waited even for this time.

I was speaking to the members of the association of the number of physicians represented in your body, and the number of lawyers represented in the State Bar Association as representing the State University. A gathering of the State Bar Association is sprinkled all through with graduates of the State University. The time is coming, but it is not yet, when this medical association is to be sprinkled all over, too, with graduates of the medical department of the University of Kansas, and it is for you as well as for us to plan as wisely as we all together can to make that institution what it should be to develop the best possible medical training for those who are to be your later colleagues and successors as the healers and physicians of the people of the State of Kansas.

Modern Science, as I read the matter, owes its life very largely to the medical profession. Chemistry, and to some extent natural philosophy, and biology largely owe their development and growth to the needs and practical science of medicine. It is doing it more and more. It needs the very best possible attainable in all lines of scientific preparation, and it is to that end that the preliminary training of the medical education of the University has devoted itself for some years before the opening of the full medical course. We now have the full



four years' course in medical education. The first two years of that work, the scientific work, is in some sense general and preparatory, is done as probably you all know, in the University at Lawrence, and the two years clinical work at Kansas City, at Rosedale. In that scientific work I think I need hardly say, the standing has been such that those who have completed the two years at Lawrence have been admitted to Rush and to others of the best medical schools of this country, for the rest of the course, without examination.

I have no doubt as rapidly as our facilities will develop, the work of the latter two years at Rosedale in Kansas City will have an equally high standing.

We depend largely and strongly upon you for your hearty co-operation and support in his<sup>t</sup> work, thus help do what a school can for strengthening the profession you represent.

The scientific work of the University is a part of the State plan. It is there for the use of the State, for the use of all the people of the State. We have laboratories well developed in bacteriology and pathology; two bacteriologists whose entire time, almost, is devoted to that work, and that alone; men who have their laboratories well equipped and whose time and services are paid for by the State, and are at the service of all the citizens of the State. There ought not be any hesitation or uncertainty of the significance of this statement. It is there for your use, for the use of all the people, especially along technical lines of those who want technical work done.

I hope and know it is the wish and thought of Chancellor Strong that you should feel this close interest in the medical work of the University, and feel it to be yours, and feel it to be your right to watch it, judge it, criticise it, and depend upon it for all it is able to do and all it can do for you and the State.

We have notions, we have ideals in connection with this medical education. It is our plan and the purpose of those who are in charge of medical education, Dr. Sudler and Dr. Hoxie, to make the training of the young men and men who come into the medical school, the very best that can be given in the west. We ought not to be satisfied with anything less than that. The idea is to make a school to furnish an education which will be so good that no son or daughter of Kansas need to go outside of the State to obtain the best that is to be obtained; not however, that they will cease to go outside of the State for the benefits of travel, etc.

Of course the attainment of that ideal is yet a long way in the future, but it is for you to help bring it as near as possible.

The ideals of these men who are training those young men and

women in a medical education, are to fill them as full as possible of professional knowledge, with the highest ideals, professional and practical;—to make them good citizens of the State and make them noble representatives of the noblest profession,—noblest, because it is the surest of doing good of all those that man pursues.

That is the consideration that led me to think I ought to be a doctor, years ago. It is a great satisfaction to be sure you are doing good. When I look at the work of the teacher, and the uncertainty of his results, the waywardness of his pupils sometimes (I am not looking at anybody, if I remember there are some of my old pupils here in the room) when I look at the preacher and some of his results, when I think then of the work of the good physician, always ready, always unselfish, so largely sure of doing good, always sure of doing at least temporary good, it seemed to me then, and it seems to me still that if one wants to have certainty of doing good, nothing furnishes the opportunity that does this profession of yours. The spirit of helpfulness, the desire to be useful, and the very highest aim of helpfulness in the world is that our school tends to educate the young people who are trying to get an education. They want to train men and women who shall be able and willing to take, and take seriously and earnestly, that noble obligation of service and duty which is expressed in the formula known as the "Oath of Hippocrates." I am sorry to learn that in only a few colleges it is still administered to those who take upon themselves the duty of a physician. It is an oath which all physicians in the middle ages at least were obliged to subscribe to before entering upon their profession. It is one of the noblest views of noble and high living that I have ever read, and I must say that I believe in its views and I believe that it is a fine and noble thing that the faculty at the University requires the students at the state University to subscribe to the Oath of Hippocrates. I thank you.

(The oath as administered to the graduating class of the University of Kansas is the following: "Realizing the dignity and the sacredness of the practice of medicine upon which I am about to enter, I promise to do all in my power to prove myself worthy of this high calling. I will guard sacredly the confidence of my patients, I will not violate the sanctity of any home into which I may be admitted. I will honor my colleagues. I will promote the advancement of the medical sciences. I will do my best to bring honor to my alma mater. I will promote fellowship and harmony in the profession, and do hereby obligate myself to follow the principles of medical ethics promulgated by the American Medical Association.

"While I continue to keep this oath inviolate, may it be granted me to enjoy life and practice my art respected by all men."—Editor)

President Bowers: I feel that remarks are very appropriate for us of the State of Kansas, since we have had established an institution in our midst that will assist in building up our profession. Medical education and training should come from our universities. They will give better training, and we will get a better class of physicians.

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## **SPRAINS AND THEIR TREATMENT.**

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J. R. RIDDELL.

It is not my intention to attempt to present an exhaustive paper on this subject, but shall in as brief time as possible present a few thoughts on sprains in general and the treatment that I find is considered good by the profession.

My object is not to attempt to teach my worthy contemporaries but to endeavor to open the way to a discussion on this subject, that will enable us to exchange ideas, and get information that will be helpful at least to some of us in the future.

So often do we know of cases where sprains have made complete recoveries without treatment of any kind, except perhaps some layman's sure cure application, that we are often prone to consider sprains as minor accidents that time alone will care for, and give good results.

Sprains are usually caused by a sudden jerk or twist where the force of the violence falls directly upon the ligaments or capsule of the joint, due to the unprepared condition of the muscles to help resist the force brought to bear in the twisting or jerking process.

This force may be due to a misstep, a fall, or by any direct violence, any of which forces catch the patient unprepared, when the muscles are off guard as it were, and instead of contracting and catching the brunt of the violence on the elastic muscular tissue, the force falls upon the inelastic fibers of the ligament and capsular tissue, the result is sudden stopping, which is very apt to produce some degree of destruction of tissue as these structures are not elastic, and tear if the force is sufficient to overcome the resisting strength of the fibers.

Another cause that sometimes produces a sprain is a long continued intermittent force, which is not of sufficient severity to cause an immediate effect, but by its continued action the muscular tension necessary to protect the joint becomes relaxed through fatigue and the continued bumping motion causes a bruised condition of the carti-

lages of the joint, such as we might expect to find from a single contact with a much more violent force.

Let us briefly review the immediate effect of a sprain. The various tissues that go to make up the anatomy of the joint suffer a greater or less degree of laceration and bruising. Ligaments may be completely divided, torn from their attachments, or only a part of the fibers ruptured.

The cartilages of the joint may be bruised or displaced. Tendons are displaced from their grooves and their free movement interfered with. Nerves are stretched and pressed upon. Blood vessels are torn, and hemorrhage into the deep and subcutaneous tissue follows. The synovial sac is filled and distended by bleeding within the capsula. At first the swelling is confined to the bulging of the synovial sac and bursae surrounding the joint, due to the hemorrhage within these structures. A little later the contour of the joint membrane is lost in the extensive swelling due to the general infiltration by lymph and blood into the tissue interspaces. The temperature is greatly increased in the part. Excruciating pain is experienced upon the slightest manipulation of the joint.

So rapid indeed is the swelling, and so severe the pain, that it almost always happens, that, by the time the doctor sees the patient, a correct diagnosis of the damage done to the tissue is almost an impossibility without first administering an anaesthetic. Even then the exact condition of the wounded part is often a matter of uncertainty. However, by a concise knowledge of the anatomy of the part, and a clear idea of the mechanical workings of the joint, we are able to detect and outline in our minds the structures injured, and whether or not their proper relations have been interfered with; whether the tendon passing over the joint has been dislodged from its groove by the immediate force of the accident, or whether they are being displaced by the filling up of the tendon groove by blood or lymph exudate.

By recognizing this condition at the outset we may be able to correct, what if left alone would be a very serious deformity.

Following a sprain, if unattended we may expect to find an oedematous condition of the distal portion of the sprained member, due to the swelling and interference with the return circulation.

Hard nodular bodies may be found lying in the superficial structure of the joint which causes a spot that is painful on pressure. These nodules appear to be organized blood clots and their presence no doubt in the deep structures cause the tender spots so often found to exist, long after the sprain itself has recovered.

Internal derangements of the joint may appear due to a thickening,



and prolongation of the joint fringes, that surround the joint at the border of the synovial membrane.

"The soft cellulars pads, in and around the joints, for the purpose of filling up spaces that vary in size at every motion of the joint are generally deeply stained with blood."

If this is absorbed again no bad results follow, but sometimes it happens that, owing to lack of pressure when the joint is kept at rest for a long time, instead of being absorbed it becomes organized into a dense unyielding mass. While at rest the patient is comparatively free from pain, but upon motion pain is experienced, due to the uneven distribution of pressure in the joint.

My object in reviewing slightly the pathology of sprains has been to bring out clearly the indications for treatment. First prevent hemorrhage into the tissue, and secondly promote absorption of the blood already extravasated.

The most active repairing of damage is done under a condition of active circulation, consequently if we are successful in maintaining, or re-establishing the blood supply and return lymph current, around the sprained joint we have done much to assist in its recovery.

Local applications are ancient remedies that do good if applied properly and at the right time.

Cold applications, to do good, must be used early, and in such a manner as will produce an uninterrupted temperature.

The routine practice of applying a wet bandage as often used is not only of no value, but is actually harmful. The objection to it is, when first applied you get the effect of the cold, but in a few minutes the temperature of the bandage is the same as that of the skin. No evaporation takes place so that with a number of applications in this manner, the limb grows warm from time to time, and you get the very thing you do not want, a reaction, and the blood vessels dilate to a greater diameter than before the application.

Cold applied as a spray, pouring, ice pack or in a coil, immediately after the accident is most beneficial by causing a contraction of the vessel. "The bleeding is checked, pain is diminished and swelling very much lessened."

Right here it is important to note that this must not be continued too long. As soon as the joint ceases to swell and the skin begins to look livid and dull the maximum effect is reached. If it is then continued paralysis of the nerves upon which the contraction of the vessel depends, follows. the part becomes red and swollen, a stagnated condition of the circulation starves the tissues, and repair is carried on

more slowly or stopped altogether, so that a low form of inflammation may attack the injured tissue.

It must be understood that I do not have reference to those cases seldom met with where for some reason or other a septic condition exists. Here of course the indefinite application of cold might be advisable.

Heat if applied has the same effect of causing a contraction of the blood vessels as cold, and where the sprained tissues are superficial it seems to have a more beneficial effect in allaying the sensitiveness of the part, so that manipulation is not so painful. Another point worth noting, in favor of heat, is its more lasting effect, giving more time after its use to apply pressure or massage.

With heat as with cold, there is a limit that must be recognized or there is a reaction followed by local congestion.

As to a method of application, immersion is quite convenient for finger, wrist or ankle sprains. The coil or sponge may be used on sprains that are not easily placed directly in the bath. The temperature must be as hot as can be borne without injury to the skin. A good method of immersion is to begin with warm water and rapidly add hot water up to the point desired, always stirring the water to keep it uniform throughout. About three or four minutes of this is sufficient to contract the blood vessels.

In the after treatment of a sprain long continued applications of heat and cold used alternately is to be recommended as having a stimulating effect on the tissue, increasing the amount of nutrition in the part, the tissue is softened, motion more easily obtained, and absorption of the infiltration is promoted.

Pressure is one of the most important agents in the early treatment of sprains when judiciously applied. Simply rolling a bandage lightly over a sprained joint does not constitute the application of pressure, as the bony prominences prevent the smooth roller from touching all the parts that need the pressure. Pads made of sponges, or cotton wool and placed in the depression under a tightly applied bandage control the hemorrhage, swelling is prevented, the circulation is supported and the pain greatly eliminated.

Massage properly given has a very beneficial effect. The treatment gives the most satisfactory results when given at least every twenty four hours. The method I employ is to apply hot wet applications for a few minutes. Then begin manipulation at margin of swelling between sprained tissues and the circulatory center. Go over the entire swollen area with gentle but firm manipulation, always working with a view of relieving the congested veins and lymph channels of their overload of

abnormal quantity of blood and lymph. This helps to establish the ideal condition for repair, viz. good circulation. In subacute or chronic cases the mechanical vibrator has given me most gratifying results. A word of caution, I think, is here indicated regarding the use of the vibrator. Don't use too long at a time, otherwise a relaxed condition of tissue follows its use and a stagnated condition is produced.

Don't let a sprained joint rest too long. Begin at an early period and give passive motion to prevent adhesion. This must be done thoroughly and complete motion given, otherwise there are adhesions of tendons, fibrous bands form in the joint by the increased exudation of lymph, and a limited motion is established which can only be overcome by breaking up the adhesion under an anesthetic. With the intention of following the above method of treatment, what we now need if possible is to get a supporting apparatus that will lend security to the joint and yet not interfere with the hot or cold application, massage, or complete and normal motion,

I know nothing that equals the adhesive straps when they are properly applied. In the application of the adhesive straps one must keep in mind the mechanical workings of the joint and adjust the straps with a view to supporting the tissues injured.

After strapping thoroughly apply the pads necessary for uniform compression and bandage securely over the entire limb from its distal extremity to a point above the seat of injury to prevent swelling of the limb beyond the sprain.

Now insist upon the patient trying to use the joint. After a few trials he seems to gain confidence in his ability to exercise motion in the injured member without increasing the pain, and the danger of inactivity and the resulting stiff joint is avoided.

The most common sprain is that of the ankle joint and while some good authorities still recommend the plaster cast for these cases I have no hesitancy in saying that I can get more satisfactory results with the application of adhesive plaster.

In applying adhesive straps to a sprained ankle I proceed in this manner, using straps one and one fourth inches wide.

Start the first strap at the upper third and postero lateral aspect of the leg, on opposite side from torn or lacerated tissues. Draw this strap straight down around the lower part of the heel and up the opposite side of the leg to a point opposite the starting place. I emphasize the point of starting on opposite side of leg from injured side of ankle, because this has a tendency to close or squeeze together the ends of torn ligaments or lacerated tissues. Now to apply the second strap which is to be placed at right angle to the first, start on the injured side of the

foot at point of metatarso-phalangeal articulation and bring the strap around the posterior part of the heel to a point opposite the starting place, starting this strap on the injured side of the foot is also important as it has a tendency to close any gaping of the joint due to stretched or torn ligaments.

Continue the application of adhesive strips letting each strip overlap the preceding one about one-half inch until the joint is securely encased on both sides.

Avoid bringing the ends of the straps that parallel the foot clear around in front of the ankle. If this is done it will become a constricting band in case of swelling and interfere with the venous circulation.

To sum up in a few words what I have attempted to present to you we will suggest the main points to be kept in mind in the treatment of sprains are, diagnose the injury, apply as early as possible firm and uniform pressure to promote the circulation, support the injured tissues, lend security to the joint and insist upon early and complete motion.

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### RESPECT FOR OUR PROFESSION.

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Recently State Senator Getty said to your editor, "The courts haven't such a great amount of respect for your profession. We have all had too much experience with doctors—excellent ones, too—who swore and testified according to the side of a lawsuit by which they had been retained." This is undoubtedly true and explains much of the difficulty we have in securing fair legislation. Even when we ask for laws and appointments which will improve the profession, we are disregarded because of the contempt, and scepticism of our honesty and sincerity.

In the Kansas City Star for July 11, occurred the following editorial:

There is every reason to believe that those insanity experts who have no hesitancy in selling their opinions to criminal defendants, have altogether too high a sense of professional ethics and honor to seek the publicity of advertising.

What can ethics mean to the observant layman when he has to do with such an abuse of the oath? How can we demonstrate the difference between a quack and a reputable practitioner, when our ethics are being thus put to open shame? What sneers must curl the lips of editors when they read our speeches at society meetings and at the same time know that some of our "great ones" pay commissions for reference of cases,—when they see us all scrambling for dollars and yet working ostensibly for the health of the community.

One further item is offered us in a deposition sent us by Dr. Reitzel, from which the following are excerpts:



Q. Are you at present engaged in the practice of medicine?

A. I am.

Q. You stated on your examination in chief, that you had practiced medicine for 48 years, I will now ask you to state how old you were when you commenced the practice of medicine.

A. I was about fifteen, going on sixteen.

Q. How old are you now?

A. Sixty-seven.

Q. Have you practiced continuously since you were 15 years of age?

A. I have.

Q. Then you have practiced for about 52 years, instead of 48 years, have you not?

A. Well, I wasn't figuring very close; something about that,—fifty-one years.

Q. At what school of medicine were you graduated?

A. None. I practiced under the old law.

Q. To what particular branch of your profession do you belong?

A. I am called allopathic.

Q. What does the term allopathic mean?

A. Well we use mercury; strong medicine.

Q. Is that what is meant by the term allopathic?

A. Why—I don't know. If that ain't it, I don't know.

Q. Is there any difference with respect to using mercury and strong medicine between the eclectic and the allopathic school of medicine?

A. I don't think there is.

Q. What text books have you in your library upon the subject of medicine, surgery, anatomy, or materia medica?

A. I did not study surgery. It is another branch.

Q. Please answer the last preceding question, which is now read you.

A. Well, I don't know the names of the books, I have some.

Q. Can you give me the name or names of any authors upon the subject of gynecology?

A. No.

Q. Can you give me the name of any author upon the subject of materia medica?

A. No sir.

Q. Can you give me the name of any author upon the subject of mental diseases or diseases of the mind?

A. Chlorosis.

Q. What is the name of the work written by Chlorosis upon that subject?

A. I have the name at home; but I have forgotten.

Q. Can you give me the name of any other author upon that subject?

A. Impotence; that is a disease of the mind.

Q. My question was whether you could give the name of the work written by Chlorosis upon the subject of mental disease or diseases of the mind?

A. I do not.

Q. I understood you to say a moment ago that impotency was a disease of the mind; is that correct?

A. Yes sir.

Q. What is the meaning of the term "impotency" as used by your profession?

A. Well now, do you mean what causes the disease?

Q. I mean to ask you what that term "impotency" means as used by the medical profession?

A. It means that the prolasma leaves the blood; that is the life of man.

Q. Can you give me the name of any medical work with the name of the author thereof?

A. I have it at home, and I told you that I had forgot the name of it; it is a very common name; I think it is Robinson, if I am not mistaken.

Q. On what subject did Robinson write a work?

A. On all chronic diseases; that has been all my study, is chronic disease.

Q. What do you mean by the term "chronic." as applied to disease?

A. When inflammation sets in in different organs of the body.

Q. You have expressed the opinion that the old man——was of unsound mind; did he have any chronic disease?

A. He did.

Q. What was the name of that disease?

A. Impotency.

Q. How do you know?

A. I examined him.

Q. Doctor are there different types or forms of insanity as known and classified by the medical profession?

A. Yes sir, there is.

Q. I will ask you to name as many of the different types of insanity as classified by the medical profession, or by writers upon that subject, as you are able to?

A. Poison from the bumble bee, bite from a dog, fright, joy, sorrow,—that is all I think of now.

Q. Would you say, Doctor, or do you wish to be understood as testifying that poison from a bumble bee, bite from a dog, fright, sorrow, joy, are types of insanity as known and classified by the medical profession; or do you mean that these things which you have mentioned may, in some cases, be the exciting causes of insanity?

A. I mean they are laid down in medical works, and also the juice of the black walnut.

Q. You say that these things which you have mentioned are laid down in medical works and also the juice of a black walnut do you mean by that statement that in your medical works such things are stated as being different types of insanity as classified by your profession, or as being in some cases the exciting causes of insanity?

A. If there were no excitement there would be no insanity.

Q. Have you named all the different types of insanity as classified by your profession so far as you are able to do?

A. I have.

Q. Then, if I understand you correctly, the only types of insanity as classified by the medical profession, so far as you are able to state the same are as follows: Poison from a bumble bee, bite from a dog, fright, joy, sorrow, and juice of a black walnut, is that correct?

A. All I recollect.

Q. Did you ever hear of the term mania in potu?

A. Yes, I have heard of that.

Q. What does it mean?

A. It means poisoned blood.

Q. What are the evidences of it?

A. The corpuscles-serum, leave the blood; the prolasma leaves the blood that is the third circulation, and scavenger of the human race.

Q. What is the cause of mania in potu?

A. Don't know, it's Latin.

Q. Is there another type or form of insanity which you call "in hoc signo vinces?"

A. I don't know.

Q. Can you describe any of the symptoms either objective or subjective, of senile dementia?

A. I don't understand it.

Q. Is that a type or form of mental unsoundness as classified by your profession?

A. I don't know.

(Testimony taken August 1, 1904.)

We must cleanse our skirts, by being first of all each for himself clean, and then by promoting such a fellowship in organization that the evil will be shamed out, and third, we must raise the standards of entrance of the profession,—on both the educational and moral sides.

G. H. H.

### UNFAIRNESS IN THE LICENSE TO PRACTICE.

All practitioners of medicine by whatever name called should be subject to the same demands. There should be no pathy or isms recognized.—But read this letter:

Dodge City, Kansas, 6-28-'06.

TO THE EDITOR.

Every physician of course, knows osteopathy to be a fraud, and Christian Science a delusion, but the osteopaths by playing on the term fair play, and by the monstrous claim that they have a system of medicine, have, in the absence of intelligent, strenuous opposition by the medical profession, obtained a legal recognition in the state that will be very difficult if not impossible, to overcome.

While in order to practice medicine the physician must present a diploma from a recognized Medical college, and pass a rigid examination in the various branches of medical science, the osteopath has only to present a diploma from a school of osteopathy, without being required to undergo examinations in any branch of medicine, to entitle him to all the rights and privileges of the physician, except the one, of prescribing drugs.

He is accessible to the public suffering from disease or defect of any kind just as the physician is. He meets the same abnormal conditions and is supposed to be prepared to diagnose and treat them, and bears the same responsibility that rests on the shoulders of the physician.

Of course it would be better to repeal the law regulating the practice of osteopathy, and make its votaries outlaws. But it is very doubtful if that is possible. I beg to suggest that the legislature be asked, at the coming session, to subject would-be practitioners and all present

practitioners of osteopathy, to the same examinations as are required of physicians, saving materia medica. I have never known one to undertake a surgical operation, though I understand that some have undertaken cases of orthopedic surgery. If they are to be prohibited the practice of surgery, let that be left out of the examination.

Under the provisions of such a law, the would-be osteopath would have to pass an examination in anatomy, physiology, histology, chemistry, bacteriology, pathology, gynecology, obstetrics, orthopedic surgery, nervous and mental diseases, ophthalmology, otology, laryngology, diagnosis, both physical and clinical.

Of course the college granting diplomas of osteopathy would be under the same supervision as to entrance requirements, required of the students and length of time for completing the course, as the medical colleges submit to, in order to entitle the holder of their diplomas to entrance to the examination by the state board.

If there were no law recognizing the practice of osteopathy, I should not be in favor of any recognition whatever, but there is such a law, and its repeal is probably impossible. Such a measure as is above indicated would surely appeal to the judgment of the average legislator, as being eminently fair to the osteopath, while protecting the public from his crass ignorance far better than the present law, and the effect on the ambitious votaries of that ungentle art would be all that we could desire.

Every county society in the state should labor earnestly with its representatives and senator, and regulate this fraud out of existence.

W. H. GRAVES.

What we need is a definition of the practice of medicine, so broad that it includes all sorts. Then we should demand of all applicants for the right of practice the same qualifications and education. In this we could even (if necessary) omit all reference to treatment and examine only in the science of medicine and in diagnosis. Think over the definition printed on the cover of the May and June Journals,—then write us.

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**A Fraud.**—In the 1906 edition of Polk's Directory, Richard Vance Spencer of Kansas City, Kansas, is registered as a graduate of the University of Kansas, School of Medicine, Class of 1906. Not only is he not such a graduate, but he is even now being prosecuted (so far as the Society can do so) by the Wyandotte County Society for practicing without a license. He has not, we are informed, passed all the examinations of even the first year in medicine.



### COUNTY NEWS.

**Proceedings of Wilson County Medical Society** which met April 10 at Fredonia. Pres. Duncan called society to order at 2 p. m. Minutes of last meeting read and approved. Roll call. Average attendance. Paper on "Treatment and prevention of Tuberculosis (Pulmonary) was read by Dr. Sharp of Neodesha. Discussion lead by Dr. F. M. Wiley, of Fredonia. The paper was well written and well read. The discussion was of exceptional value, every one present participating. Moved and carried that bill for printing "Fee bill" be allowed and an order drawn on treasury for same. Fee bill was thoroughly discussed. Program for next meeting. Infantile Diarrhoea, causes, symptoms, and course, Dr. A. P. Williams. Discussion led by Dr. Preston. Medical Treatment of Infantile Diarrhoea, Dr. Day. Discussion led by Pres. Duncan. Adjourned on motion.

E. N. MARTIN, Secretary.

**Proceedings of Wilson County Medical society** 6-12-'06. Meeting called to order by Pres. Duncan. Minutes of last meeting read and by motion approved. Roll call. Excellent attendance. Report of special committee, Dr. Flock, chairman. Committee continued and instructed to learn the attitude of the county commissioners regarding the matter of fees for pauper practice in county. Reading of papers. Infantile Diarrhoea, causes, symptoms, and course, Dr. A. P. Williams, Neodesha. Infantile Diarrhoea, Treatment, Dr. F. K. Day, Neodesha. Discussion led by Drs. Preston and Flock. The discussions were especially exhaustive and thorough. Moved and carried that Dr. Day's paper be referred to him to be typewritten and sent to Kansas Journal for publication. Remarks by the president on Medical Ethics and promiscuous advertising in Hotel Registers, etc. After a thorough and careful discussion the following resolutions were adopted.

That since there having existed a disposition on the part of some members of the society to advertise in a promiscuous way by means of newspaper notices of various circumstances relative to professional work etc., Be it resolved.—That all newspaper notices giving publicity to professional events, etc., be clipped by secretary and pasted in a book for reference and inspection of the members of the county medical society. Ordered a copy of the above resolutions to be sent to all newspaper publishers in county.

After a lengthy discussion the following resolutions also were adopted. Be it resolved that all grievances of a professional nature of one

physician against another who are members of the society be brought before the county society and it be judge as to whether there be a violation of the code of Medical Ethics. The above resolutions were unanimously adopted: Moved and carried that the next meeting be held at Neodesha. Program for next meeting. Typhoid Fever, Dr. A. P. Williams, Neodesha. Complications and Sequellae of Typhoid, Dr. J. S. Morehead. Treatment, Dr. J. H. McGuire, Neodesha. Adjourned by motion.

**The Labette County Medical Society** met in regular session at the City Hall council Chambers, Parsons, at 8:30 p. m. The meeting was well attended and an enthusiastic one. The members present were: Drs. Keiser, Geo. Liggett, Skoog, Perry, Hubbard, Kackley, Maser, Bennett, Markham, Gabriel, Anderson, and Boardman. The following visitors were present: Drs. Barbe, Henry Maser, J. T. Tinder, Crawford and Crawford. Dr. G. W. Maser presented two clinical eye cases. Case one was a man with the fistula palpebrarum, of each eye much smaller than normal. The defect was congenital and chiefly in the region of the outer canthus. It was complicated with an entropion and keratitis. Wild hairs had annoyed him for years. Case two was an old man with sequellae following trachoma whose onset dated twenty or more years back. The left eye was glaucomatous. There had been a marked entropion of the right lower eye-lid. The cases were discussed by Drs. Perry, Kackley and Maser. Dr. Geo. Liggett read a paper—"Who are we, anyway?" The discussion was lead by Dr. Boardman. The paper dwelt upon the ethical and business side of the physician and was well received. Dr. Geo. Liggett demonstrated a gangrenous appendix removed a few hours before this meeting. This paper elicited a vigorous discussion by several members, as is usual when the topic appendicitis is presented at a medical society. Dr. Perry as delegate to the Kansas Medical Society meeting at Topeka, reported the proceedings of the house of delegates and the Society work in general. The report was accepted. The censors reported favorably upon the application of P. W. Barbe, who was elected unanimously. One application was reported upon adversely and carried over for thirty days. Dr. Perry's invitation for the society to hold its next regular meeting at the State Hospital on the afternoon of July 18th was accepted. I am inclosing the paper of Dr. Liggett for publication in the State Journal. If convenient, please return this for the Secretary's file after its publication.

Yours truly,

A. L. SKOOG.

**Pottawatomie County Medical Society**—The Pottawatomie County Medical Society met at St. Marys, June 20, 1906, for the reading and discussion of papers and other business. Physicians present were: T. R. Cave, Manhattan; J. W. Wilhoit, St. George; W. M. Reitzel, E. L. Simonton, Benjamin Brunner, Wamego; O. R. Searl, Belvue, S. R. Toothaker, Westmoreland, L. R. Carson, B. K. Kelbourne, Emmett; J. E. McManis, Havensville; A. A. Gundry, P. T. Conlan, St. Marys; A. Cutright, Louisiville. The following papers were read and discussed: "The use of the microscope in general practice," Drs. Benj. Brunner; discussed by Drs. Simmonton and McManis. Paper, "The Study of skin in disease," Dr. W. M. Reitzel; discussed by Drs. Brunner, Wilhoit, Cave and McManis. Paper, "Constipation," Dr. O. R. Searl, discussed by Drs. Wilhoit, Gundry, Reitzel, Simonton, Cave and Conlan. Paper, "Cancer," Dr. J. W. Wilhoit; discussed by Drs. Simonton, Reitzel, Cave and Brunner. Paper, "Care of the expectant mother during pregnancy and confinement," Dr. P. T. Conlan, discussed by Drs. Cave and Gundry. The names of Dr. L. R. Carson and Dr. B. K. Kelbourne were acted on by the board of censors and elected to membership in this society. Dr. T. R. Cave's name was presented and elected to honorary membership. On motion, our next meeting to be held at Wamego Sept. 19, and an invitation sent to Riley county society to make it a joint session. Officers elected at last December election: Pres., Dr. W. P. Wilson, Westmoreland; Sec., S. R. Toothaker, Westmoreland; Treasurer, E. L. Simonton, Wamego; V. Pres., J. E. McManus, Havensville.  
DR. S. R. TOOTHAKER, Sec.

**The Wilson County Medical Society** met April 10 and listened to a very interesting paper on "Pulmonary Tuberculosis—Its Treatment and Prevention," The paper called forth a thorough discussion led by Dr. Wiley. The fee bill was taken up and the bill for printing same was allowed. —The June meeting was called to order by Pres. Duncan with a large attendance. A special committee was appointed to learn the attitude of the county commissioners as to fees for pauper practice in the county, Dr. A. P. Williams of Neodesha read a paper on Infantile Diarrhoea and Dr. Day of Neodesha took up its treatment. The papers were enjoyed and discussed by all present and on motion the paper on the Treatment of Infantile Diarrhoea was referred to the Kansas State Journal for publication. A few remarks mere made by the president on medical ethics and promiscuous advertising which resulted in the passing of the following resolution: "Whereas there has been a disposition on the part of some physicians to use questionable means of advertising, such as cards in hotel registers, etc.,

and also there having been too frequent mention made in the papers of the county relative to professional works etc., Be it resolved, that all mention or publication of professional events in county newspapers, whether the act be strictly professional or otherwise, be clipped and placed in a book by the secretary for the inspection of the members of the society." A copy of these resolutions was sent to each paper in the county. It was also the will of the society that a tribunal be established to which appeal might be made in case of violation of the code of medical ethics and the motion was made and passed that all grievances of one physician against another in this society for a violation of the code of medical ethics be brought before the society which should judge whether the act be ethical or otherwise. The next meeting will be held at Neodesha.

E. N. MARTIN, Sec.

**The Clay County Medical Society** met at the Bonham Hotel, Clay Center, July 11, Notwithstanding the hot weather the meeting was one of the largest in the history of the society. There were present seventeen members, eight visiting physicians, and ten ladies. The following program was given: Therapeutics by Dr. W. F. Sawhill of Concordia; The Law as it Applies to the Physician and Surgeon, by Judge W. T. Roche of Clay Center; and The Administration of Chloroform and Ether by Dr. Morgan of Clay Center.

**The Western Kansas Medical Society** held its meeting at Goodland, July 11, 1906. It is interesting to note that provision was made for the wives of members and that papers were limited to 15 minutes. The following program was given: Morning Session—9:30 a. m. President's Address, "The Aims and Objects of County Organizations," Dr. V. C. Eddy, Colby. General discussion of the following topics: 1. "The Present Fee Schedule and Schedule of Insurance Examination," Discussion opened by Dr. F. H. Smith. 2. "How We May Best Combat the Nostrum Evil," discussion opened by Dr. Barclay. Business meeting. Clinical Reports. Afternoon Session—2:00 p. m. Paper: "The Use of Rubber Gloves in Obstetrics," Dr. H. A. Stropp, Winona, Kansas. Discussion by Drs. Beckner and Townsend. Paper—"Cholera Infantum," Its Diagnosis and Treatment," H. O. Hardesty, Jennings, Kansas. Discussion by Drs. Carmichael and Forbes. Paper—"The Anus Rectum and Signoid Flexure," Dr. C. D. Blake, Ellis, Kansas. Discussion by Drs. Stoner and Smith. Paper—"Pneumonia" Dr. W. J. Lewis, Gem, Kansas. Discussion by Drs. Gulick and Eddy. Paper—"Infantile Diseases Incident to Summer Months," Dr. C. M. Miller, Oakley, Kansas. Discussion by Drs. Beaver and Gilman.



**NEWS AND NOTES.**

**X-RAY BURNS**—At the 337th regular meeting of the New York Dermatological Society held Nov. 28, 1905, the subject of X-ray burns was taken up, and Dr. Henry G. Piffard, Emeritus Professor of Dermatology in New York University said, according to the *Journal of Cutaneous Diseases*, "that he had obtained the most benefit in treating these conditions from Antiphlogistine, chloride of zinc, high frequency current and ultra violet rays."

Abbott has just issued a paper bound "Alkaloidal Digest" which treats principally of the clinical application of Abbott and Vaughn's remedies. The book aims to explain what alkalimetry is and what it does and to inspire the "Abbott Habit." Aside from many practical therapeutic suggestions, and the testimonials of numerous physicians the volume resembles the price list of the other pharmaceutical houses.

The Monarch company of Chicago announce the appearance of a California mining camp story entitled "Poker Jim, Gentleman," by Dr. G. Frank Lydston.

**N. F. Jackson Killed.** A Kansas physician shot, Dr. Jackson of Kincaid accused of alienating a wife's affection. Garnett, Kansas, July 16.—Dr. N. F. Jackson, a prominent physician of Kincaid, sixteen miles south of here, was shot in the abdomen by Joel Price in Kincaid last night. Price walked all night to this city and surrendered to the officers this morning. He asserts that Dr. Jackson had alienated his wife's affections and caused her to leave him.—K. C. Star.

**Dr. E. C. Duncan** of Fredonia recounts Dr. Doan's (of McCune) failings in the July issue of the *Medical World*. It seems to us that the physicians of that county can easily extirpate such a menace to the public health. But to accomplish it, they must all work shoulder to shoulder. Verb. sap. sat.

**Dr. J. P. Lewis** of Topeka has removed his office from 519 to 735 Kansas Avenue. Dr. Lewis is treasurer of the Shawnee County Society.

**A Pioneer Kansas Doctor Dead**—Phillipsburg, Kans., June 27.—Hugh Wallace, the oldest physician here, died today as the result of a paralytic stroke. Wallace located here twenty years ago. For many years he was the Chicago, Rock Island & Pacific surgeon.

**Dr. Seabrook Exonerated.**—The following cordial letter exonerates Dr. Seabrook from any suspicion of unprofessionalism in connection with the local quoted infrom the Osage County Chronicle quoted in our June issue:

Burlingame, Kansas, June 28th, 1906.

Dr. G. H. Hoxie,

Lawrence, Kansas.

My Dear Sir:—I am very sorry that injustice has been done Dr. C. C. Seabrook because of a little squib that appeared in my paper. A brief recital of the facts in the case can certainly do no harm. In making my rounds I pick up little bits of information whenever I can, and try to make them as reliable as possible. Owing to a multiplicity of duties, and sometimes through the impossibility of obtaining accurate information, errors creep in, but we try to take more pains in this line than the average editor in our position. Recently when calling on Dr. Seabrook for medical advice we noticed the work in the typewriter and inquired about it, asked what it was, suggested that if he was going to have it printed we would like the work, and was informed by the doctor that the paper was the property of the Society, which could have it printed if it desired, etc. The inference that it was to be printed was purely our own. The doctor did not know the matter would be mentioned, nor in any way have anything to do with the matter. In the same issue was another note that Dr. Conner had addressed the society on some other topic, and the two little squibs took their places in the 200 or 300 other little casual mentionings of the week, to be immediately forgotten so far as the writer was concerned. Dr. Seabrook knew nothing about the publication, gave no other information than a brief reply to the question addressed to him, and in this case is the victim of malice on the part of somebody. I wish to state further that Dr. Seabrook has never, in the several years I have been in newspaper work here, tried in any way to get around the ethics of the profession, and has been at all times the hardest proposition of his profession from a newspaper standpoint. He has been most remarkably reticent, so much so that the writer at times has felt the right to be vexed about it. This fact makes this attack all the more brutal and uncalled for, more to be regretted by the writer because of the regard and respect in which he holds the doctor, who is always consulted when the writer or any of his family is ill.

Very truly yours,

F. A. ELLIS, Editor.

**Colonic Flushing Before Operation.**—When preparing a patient for operation for cholecystitis or for gall-stones, if there be marked jaundice of long standing, it is well to wash out the colon every day for a week or more, using about a half gallon of normal salt solution injected slowly through a long rectal tube. At the same time the patient should be encouraged to drink much water.—Dr. Emory Lanphears in *The American Journal of Clinical Medicine*.

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**Entero-Colitis**—I was called last August to see an eight months' old boy who was said to be dying of Cholera Infantum. He had been treated by two capable men, both of whom agreed that the child could not possibly outlive the day. Every conventional remedy had been tried and the favorite methods of both men had been exhausted. They frankly admitted that all had been done that could be done. I found the patient almost moribund and displaying all the symptoms of a child dying of what I diagnosed as entero-colitis. The symptoms to

my mind, were classic, despite the previous diagnosis. The case was turned over to me at 9 a. m., August 7th. A trained nurse was already on this case. She is an unusually competent woman, in whom I have the most implicit confidence. Then began one of the hardest battles of some years in my experience. I ordered high enemas of Glyco-Thymoline in 25 % solution and warm. Used four ounces at a time with the soft rubber catheter once every three hours. The child could retain nothing, was in frightful pain and passing constantly thin, foul smelling discharges tinged with blood. The child was emaciated to the last degree and for several days before I was called had been in a semi-conscious state. The poor little baby was a pitiful sight. For nourishment I ordered several combinations to be administered, an ounce at a time, as a rectal clyster following the enemas of Glyco-Thymoline.

I know it is not good practice to give hypodermics to an infant, but this was a grave case. My predecessor has ordered gr. 1-64 morphine, gr. 1-960 atropin, sub. q. every four hours if needed, with strychnine 1-240 gr. if necessary. I continued this as the baby was often in intense pain and there seemed to be no other way. This was my plan of campaign and I am both thankful and pleased that it was successful. The baby improved from the first, but so slowly that it was scarcely discernible to the parents, but the nurse and myself saw it. After three days the child could take some nourishment per oram. I then gave 2 m. of Glyco-Thymoline in one ounce of water every two hours before feeding. It began to have short periods of natural rest and the discharges were in every way improved. At the end of a week, Aug. 14th, the improvement was quite marked but we did not relax our vigilance. The hypodermics, except of strychnine, were discontinued. The enemas were continued fifteen days, once every three hours, then at less frequent intervals for a month, then once a day for six weeks. The recovery of the little patient was long and slow but uneventful. The mother and nurse were devoted and ably seconded my efforts. At this time the boy is a strong, rosy youngster.

It gives me great pleasure to tell you of this case. The experience may be of value and it certainly proved to my satisfaction at least, the potential possibilities of Glyco-Thymoline in gastro-intestinal work. May you be speeded in your good work.—Adv.

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A young physician, aged 26, graduate of Rush Medical College '05, with one year's hospital experience, wishes to take a physician's practice in this state, for about two months, to act as locum tenens. Good reference. Address No. 31, THE JOURNAL, Kansas City, Kansas.

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## **ABSURD VERDICTS IN CASES OF INSANITY—UNFITNESS OF JURY SYSTEM.**

—————  
B. D. EASTMAN, M. D.,

Professor of Psychiatry, Kansas Medical College.  
Topeka, Kansas.  
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The notorious uncertainty as to the verdict in ordinary court cases has given rise to the saying that if there is anything unknown to the Ruler of the universe, it is what will be the verdict of a petty jury?

Two cases of insanity coming under my observation within a few months which were tried by jury in the Probate Court, indicate that the "insane jury" is if possible, more uncertain than the petty jury, notwithstanding there was a physician on each jury as required by law.

I was notified by the Probate Judge to act as Examining Physician in the case of a man held at the county jail under charge of insanity. I found the man to be a negro, uneducated, but fairly intelligent, who had arrived in the city by rail, the day before, and who had been taken into custody by the police because of complaints that his enemies were pursuing him and because of threatening demonstrations with his shot gun.

Upon drawing him out in my examination he told me he was brought up in Missouri, but that for several years he had been farming in Oklahoma, that his enemies had worried and pursued him until he had been forced to abandon his property there and had moved to Franklin county, Kansas, where he had obtained a little place and home with reason-



ably good prospects. But his Oklahoma enemies followed him either in person or influence or both and instigated a continuation by his new neighbors of his old persecutions, for the purpose of driving him out of his new home. He alleged his enemies had driven back and forth past his home to annoy him, had hidden under a bridge he had to cross to frighten him, and had gathered in the neighborhood for the same purpose. He had been afraid to keep a light at his home fearing they would see into his house; at night he had seen them in the neighboring fields, on the bridge, etc. He also said they had caused his stock to die. He also said that these enemies had followed him to Topeka. Now, such statements of persecutions might be true, but when the same persecutions occur in Oklahoma, Franklin county, and Topeka, when the same enemies are alleged to follow from one place to the other and to reach Topeka as soon as he did, such ideas are clearly delusions.

Corroborating this view I learned from the sheriff of Franklin county (who happened to be in the city) that this man had applied to the county authorities for protection from these supposed enemies, and he was regarded as insane.

As showing the man's impaired judgment he said it was a detriment to him financially to move, especially as he had to leave without making any preparations for the care of his property, but the safety of himself and his family required it. He also said he expected his neighbors and the county officers would take care of and account to him for his property although he had made no arrangements therefor, and notwithstanding he had regarded his neighbors as enemies. He told me, also, that he left Franklin county in order to escape these persecutors but they had followed him to Topeka and he was very desirous of getting to his old home, Independence, Mo., where he hoped he would be free from persecutions.

I reported to the Probate Judge that this man was insane, and at the trial testified to his insanity, the form being chronic delusional insanity. The officer who arrested him also testified to his insane talk and action, and a relative with whom he visited also corroborated the officer's statements.

This case was tried before a jury and the attorney for the defendant put on as witnesses the man's wife and children, all of whom testified to the same stated things asserted by the man himself. Thereupon the attorney confronted the jury with the claim that if the man was insane all his family were also insane for they all believed the same as he did. The jury found him not insane.

Notwithstanding the verdict of the jury, I am of the opinion that this man was really insane and that his family were not insane. The

jury failed to appreciate that, although the father's ideas of enemies and persecutors were delusions, his authoratitive statement to his wife and children accustomed to place confidence in his affirmations, were sufficient warrant for them to accept such statements as facts and believe them to be true. Hence, while the man himself was insane because of delusions of enemies and persecution, his ignorant wife and children, reposing confidence in him, unable to detect the flaw in his reasoning, and accepting his statements as true, were not insane. To them, his statements were sufficient evidence to warrant them in accepting his conclusions, notwithstanding such conclusions were to the logical mind, clearly delusions.

A second case, in many respects similar, came under my observation soon after the foregoing. I was directed by the Probate Judge to examine a woman held at the county jail as insane. I found her to be about 35 years old, intelligent and well educated. She told me that her parents lived in Topeka, but that she herself had been teaching for several years in Oklahoma, or Indian Territory. She said that at first she got along well, but after a time the people all got down on her and she was forced to leave. Inasmuch as her parents lived at Topeka she came here but when she got off the cars she found out that all the people in Topeka were also leagued together in enmity to her. She went to live with her parents but residents of the neighborhood conspired to annoy and drive her away. She said the neighbors talked badly about her, that they could hear them talking against her, calling her vile names and accusing her of misdeeds, when they were several houses away with doors and windows shut. She said they got into her room and carried away her things and money.

It was very clear to me that this also, was a case of chronic delusional insanity and I so stated in my testimony. Her own statements as to residence were corroborated by her parents and neighbors who also testified to her delusions of persecution and to her false hearing. It also appeared in evidence that not only was her statement that valuables were abstracted from her room, untrue, but that the real facts were she would go into the neighbors' houses and claim that money and valuables she saw, belonged to her and had been stolen from her, and she would take possession of them. She had elected to be tried by jury and had counsel who of course crossquestioned the witnesses. But no one was more surprised, I think, than her counsel, when the jury brought in a verdict of not insane.

I admit these cases are exceptional. Even an "insane jury," does not often blunder as badly as in these two cases, but to my mind the whole matter of "trying" a person for insanity, smacking as it does,

so much of criminal proceedings is entirely out of character and is a relic of ignorance, superstition and apprehension.

The larger number of "insane cases" are now determined by a medical commission, but jury trials have not been altogether discarded. I enter a most emphatic protest against trying any case of insanity by jury, except perhaps, a criminal one already in the courts.

There are several good reasons for taking this position:

1. Diagnosis of insanity is a medical question and should be decided by a consultation of physicians, just as any other important medical case is decided. Imagine for a moment a jury of laymen who do not know the difference between dengue and belly-ache, being called to make a diagnosis in suspected malarial fever! What think you of a jury to whom all vesico-pustular eruptions of the skin look alike, attempting to decide between varicella and variola? What a travesty upon medical science to call upon a farmer, a blacksmith, a court room lounge, and so on, to determine whether a woman has appendicitis or salpingitis. And yet no one of these examples is any more absurd than the deputing to this same class of persons the determination of alleged cases of insanity.

If it be urged that the presence as required by law, of one medical man on the jury safeguards against error, the cases I have cited shows the contrary to be the fact.

2. An insane person is a sick person and should have thrown around him the soothing, helpful, protecting influences we are accustomed to utilize for other sick persons.

Many a time have I had a patient say to me, "For how long a time was I sentenced?" The serving of papers, the court room, the judge, the sheriff, the witnesses, the counsel, the verdict have the effect of stamping upon the patient, yes, the victim, the idea that he has been tried like a criminal and sentenced like a felon, an idea which can be only pernicious.

3. The friends of an insane person are entitled to the privacy of a medical examination instead of the publicity of a jury exhibition. It is most harrowing and torturing for the husband or wife, the father or mother, the son or daughter, or any relative to be obliged to attend in the court room as witnesses.

Our present law provides for investigation of insane case both by jury and by a medical commission but even by the latter method, the serving of papers, the presence of the judge and the sheriff, and the holding of the hearing in the presence of the patient are ill advised.

The improvements which are needed in this matter are the dispensing with jury trials altogether, and the eliminating all the criminal flavor

from the action of the commission, making it a purely medical function, and providing that the commission (whenever practicable) examine the patient at his own home, just as they would any other sick person. The commission should be empowered to administer the oath, but the examination of witnesses should not be in the presence of the patient.

I suppose the lawyers will say this is all wrong, that every one is entitled to his day in court, but what we as physicians want is that this court business be eliminated so far as examination goes. Inasmuch, however, as personal liberty and property rights are involved, it is proper that the proceedings should be returned to the Probate Judge, who should act upon the return as evidence.

I would even apply this principle to cases already in court on criminal charges and let the question of insanity if brought into the case, be decided by a medical commission appointed by the trial judge, to whom the commission should report.

The commission should always be composed of the most expert physicians available and in every difficult case sufficient time and repeated visits if necessary should be given to the end that a correct diagnosis be made.

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#### **DR. LINDSAY'S PAPER ON BRAIN TUMORS.**

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Dr. Huffman: Dr. Lindsay asked me to say he will send his paper to you in a few days. He has not yet prepared it, but will do so immediately. If you remember he had it only partially written at the meeting and asked not to use what he had but that he would send in a complete paper.

6-14-06.

BELL.

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#### **A PLEA FOR THE EARLIER DIAGNOSIS AND TREATMENT OF EPILEPSY.**

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M. L. PERRY, M. D.,

Superintendent State Hospital for Epileptics,  
Parsons, Kansas.

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Epilepsy as a distinct disease has been known and described, under one name or another, since the time of the ancient Greeks. Hippocrates and a number of writers of his day have left very clear descriptions of the more common forms of epilepsy. But, notwithstanding the fact that it has been recognized for ages, it is still poorly understood and its essential nature remains an unsolved problem. In ancient



times it was deeply shrouded in superstition, and after the idea of dependence upon a supernatural influence was abandoned it was considered to be a hopeless and incurable malady. This has resulted in the study of epilepsy being very much neglected by the profession generally. It is one of the most variable and complex diseases known and embraces a variety of types. The characteristic convulsion or fit of the severe type presents so striking a picture that it is easily recognized by everyone and constitutes the laity's whole conception of the disease. This mistake has not been limited entirely to the laity, as formerly it was made by many physicians, and even yet there are some who apparently confuse this cardinal symptom with the disease to which it belongs. The convulsion is now known to be only one of a considerable number of forms in which the epileptic seizure may be manifested. The attack may be purely motor, or combination of motor and psychic disturbances, or it may be limited almost entirely to the mental faculties. Spratling, in discussing the subject of a definition of epilepsy, says: "It is important to remember that it has two cardinal forms of manifestation, both of which are present in the majority of cases during the attack, but either of which may be absent, without the case losing any of its epileptic character. These manifestations are: First, impairment or loss of consciousness; second, impairment or loss of motor co-ordination." These two symptoms are of equal importance in diagnosis, and, it should be borne in mind that they may be found associated together in a great variety of combinations. There is still a tendency, however, in diagnosing this disease, to depend too largely upon the pronounced motor disturbance and to attach little importance to, or entirely ignore the more atypical motor symptoms and the disturbances of the psychical sphere. This results, not infrequently, in errors, and very often in the cause of long delays in arriving at a diagnosis. That there are frequent errors made in diagnosing this disease and an extraordinary number of cases persisting for months and even years, without being diagnosed are facts which cannot be denied. A study of the histories forming a part of the commitment papers of the patients admitted to the Parsons State Hospital will substantiate the former of these statements. In the printed form used for obtaining these histories, each of which is signed by a physician, there appears the question: "What type of epilepsy has the patient at present?" Of the patients received during the year 1904, fifty-four per cent were incorrectly diagnosed. The greater number of errors were made in confusing grand mal, petit mal, and mixed forms. Six out of the forty-seven cases showing errors were diagnosed as Jacksonian or focal, and five were classed as psychic, while as a matter of fact, there was not a single

case of either of these two types. In eight instances no attempt was made to differentiate the type. In one case of plain and unmistakable grand mal form the physician said: "I do not think she has epilepsy." This large percentage of erroneous diagnoses becomes all the more suggestive when it is noted that all the cases were more or less chronic and the most of them well marked.

Every neurologist can testify that very frequently patients come under observation who have been suffering for a considerable period from unquestionable epilepsy, but are still ignorant of the exact nature of their disease. Practically all of these patients have been under the care of physicians and either their cases have not been diagnosed or the diagnosis has not been given them. As they are usually suffering from a more or less obscure and atypical form of the disease, I am of the opinion that the former statement is more often true. A brief abstract of a few cases recently observed will illustrate the point.

Case 1. T., a professional man, while in his office, had an attack of sudden unconsciousness and would have fallen if he had not been supported. There were present some convulsive movements and slight frothing at the mouth. When reported to his physician the attack was diagnosed as probably vertigo. During the following few months he had several similar attacks. As they occurred at night, however, they were not quite so marked as the first one. Although these attacks had been reported to his physician, and several months had elapsed since the initial seizure, this man was surprised to learn that he was an epileptic. The further history of the case bore out the diagnosis.

Case 2. D., a business man, aged 28, had become somewhat run-down as a result of excessive office work. At the close of a day's work, and while still in his office, he had an attack of unconsciousness lasting a few minutes and leaving him in a dazed state for three quarters of an hour and followed by weakness. A physician was called who prescribed and left directions for him to give up his work for a few days. Work was resumed on the second day and he felt about as usual for a month. When there was another attack similar to the first one. Two months later the third attack occurred. The patient became suddenly rigid and fell but did not convulse, and remained unconscious for an hour, after which he felt exhausted. The fourth attack two months later was entirely psychic. Three months after this the first general convulsion occurred. Later on he developed severe general headaches, at times preceded by an olfactory aura, and followed by vomiting. He had continued to suffer from these irregular attacks, with now and then a convulsion, but more often periodic headaches, or sudden lapses of consciousness followed by stupor for a period of three years when I

saw him. During this time he had been under the care of a number of reputable physicians but none of them had told him that he was an epileptic.

In the meantime he had been allowed to marry and become the father of a child. He has since died after a series of convulsions.

Case 3. G., a girl of seventeen, while in school began to suffer from periodic headaches rather sudden in onset and coming on without any apparent cause. They increased in severity and at times were accompanied by muscular twitchings and cramps. A diagnosis of "nervous attacks" was given by the attending physician. These symptoms continued for a year and then ceased and the patient began to have grand mal epileptic seizures. In consideration of the well established close relationship, existing between migraine and epilepsy this case should have been looked upon with strong suspicion as one of developing epilepsy and treated accordingly.

Such cases are by no means rare. A considerable percentage of cases of epilepsy develop in this way by recurring slight atypical attacks which are overlooked or disregarded until the patient has a grand mal seizure. Because the early symptoms are obscure and atypical, months and sometimes years are allowed to pass with the patient in ignorance of his condition and with an apathy on the part of the physician that, in the light of our present knowledge of the subject, is inexcusable. This is the more to be deplored because of the importance of these early months from the standpoint of treatment. There is no disease of an essentially chronic type in which early treatment is of more importance than in epilepsy. Gowers says: "The tendency to the recurrence of attacks of epilepsy of every form is increased by each one. Every fit, slight or severe, is in some respect the effect of those which have preceded it, the cause of those which follow it. This residual disposition to repetition of the same activity is the physical basis of memory, of muscular training, of all cerebral education, and it is the basis of the morbid education which underlies epilepsy. The recognition of this is essential for the adequate comprehension of the causation of epilepsy, and also for the principles of its successful treatment."

It is not only important that treatment should be begun early, but it should also be a carefully prepared line of treatment adapted to meet the special demands of each individual case. As a result of a closer study and better knowledge of the subject the method of treating epilepsy has changed very materially in the last few years. The epileptic seizure, of whatever type, may be said to be a sudden derangement of the normal nervous functions due to the action of some excitement upon a morbidly sensitive nervous system. In time, as a result



of habit, this morbid sensitiveness is increased so that the nervous symptoms are aroused by a weaker stimulus or excitant than was required at first. The disease was formerly treated almost entirely by motor depressants, chiefly the bromine salts, to overcome this morbid sensitiveness and thus check the nervous explosions. Now our efforts are more largely directed towards removing or reducing the excitants, and we do not depend so much upon drugs as upon the right methods of living. This line of treatment, which includes relief of peripheral irritations, correction of errors of diet, regulation of habits, and systematic employment, can be carried out much more satisfactorily and successfully in a properly arranged hospital or colony than at home. In such an institution, epilepsy, if taken in time, is not so hopeless a disease as it was formerly considered to be. Under the new therapy, however, it is all the more important that treatment be instituted before the disease, by long continued habit, has become second nature with the individual.

Let us now inquire into the condition of the epileptics in Kansas at this time. The recently published census gives the population of the state at 1,544,968. According to the best authorities there is at least one epileptic to every 500 of the general population. This would give a total of 3,080 epileptics in Kansas. The state has constructed and is operating a modern hospital exclusively for the treatment of this disease. The institution is open to practically any citizen of the state who is afflicted with epilepsy regardless of his mental condition or financial standing. In this hospital there are, at present 350, patients out of a total epileptic population of more than 3,000. An examination of these cases shows that they are practically all chronic when sent to the institution. Of the entire number admitted during the last fiscal year, only one-half of one per cent had been suffering from the disease less than one year, in but three per cent was it of less than two years duration, while eighty-nine per cent had been epileptic for more than five years. We have in the hospital about one-tenth of the epileptics in the state, most of whom are hopelessly chronic, while among the remaining nine-tenths there are many acute and curable cases who are drifting into a condition of hopeless chronicity or are being drugged into more or less complete dementia by the patent medicine charlatans.

How can this state of things be changed? The only way is through the influence of the family physician. These patients almost all consult their family doctors at first and would then be governed by their advice. If more care were taken in diagnosing the disease in its incipient stage and advising the proper treatment while it is still acute, the condition of the epileptics would be greatly improved, the prognosis



decidedly better, and the number of those so afflicted diminished. All cases presenting recurring or periodic derangements of the normal nervous function should be looked upon with suspicion and studied closely. When consulted for what the laity calls faints, vertigo, dizzy spells, weaknesses, worm fits in children, etc., it should be borne in mind that the larger number of such cases are really forms of petit mal epilepsy. As soon as a diagnosis of epilepsy is made, explain to the patient or to the parent if it be a child, the nature of the disease and the necessity for long continued and close observation, and either put the patient on a carefully prepared line of treatment or send them at once to the state hospital. They should be warned against the danger of over medication and especially of the indiscriminate use of patent nostrums, practically all of which are heavily loaded bromide mixtures. Following such a course it will be found that many cases can be relieved, and it will no longer be necessary to give the invariably unfavorable prognosis which has always been such a discouraging feature of this disease.

I trust that this paper will not be misinterpreted nor my position misunderstood. I do not wish to be classed with those specialists who are ever ready to criticise and cast reflections upon the general practitioner, for it is not my habit to do so. I have the very highest regard for the family physician and for the noble and selfsacrificing work which he does. Experience has convinced me, however, that there is too great a tendency on the part of these busy general practitioners to pass lightly over many symptoms of developing and atypical cases of epilepsy, and to dismiss them with that indefinite but convenient diagnosis of "nervousness".

Therefore, realizing that all is not being done for these unfortunates that can be done, and that the state hospital is not being given the opportunity to do the work for which it was intended and designed, I have come to you with this appeal for your co-operation that the condition of the epileptics of the state may be bettered, and that the state hospital may be maintained as an institution for the relief and cure of disease, rather than deteriorate into an asylum for the custodial care of incurables.

**DEMENTIA PRAECOX.\***

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In the field of mental disease, there is probably at the present time no psychosis that is attracting so much of the attention of psychiatrists, as is that large group of mental alienations that in recent years have been described under the name "dementia praecox". The importance of the psychosis is suggested by the fact that from twenty-five to thirty-five per cent of all cases admitted to insane hospitals are suffering from this type of insanity.

In the beginning of my experience with the insane, Spitzka, Regis and other authors whom I studied at the time, did not describe the disease. My personal experience during those early years was unsatisfactory because of the disappointing results obtained in the treatment of many cases wherein I expected to be more successful. I then observed many cases in young subjects who were briefly excited with a symptom complex suggestive of mania, while others were depressed with the case picture of melancholia, and under the light of the time, these cases were classes as mania or melancholia. The cases were young people and the symptoms not extreme and usually first attacks. These favorable circumstances would lead me to expect recovery, but in the majority of cases, my expectation was doomed to disappointment. Instead of recovery, the patients would progress to a mild or often to what appeared to be, an extreme condition of mental deterioration, characterized by a state of indifference, apathy and mutism.

This unsatisfactory experience continued until my attention was directed to the teachings of Kraepelin, where I first read the description of the psychosis he named "dementia praecox" and I readily recognized therein the types of mental disease, which had been to me so perplexing. I recognized his "Dementia Praecox," in my cases of mania and melancholia of young persons who, instead of recovering as I had expected, had generally progressed to a state of apparent dementia.

The name, "Dementia Praecox" is being criticized and I think quite properly as being unsuited to the psychosis. Two principal points developed in these criticisms are, First—while there is usually manifest a type of mental deterioration, yet the mental decline differs from the

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failure of all the attributes of mind that characterize terminal dementia. In these cases where we can succeed in arousing the patient's attention, we are often surprised at the degree of mental activity present. Again, while it is a disease that is commonly associated with young adult life, yet not infrequently it is found in persons of mature or middle life or even later. Proccious does not seem to apply properly to persons of forty or even fifty years. Other names have been proposed. Insanity of adolescence has been suggested. This relieves us of the misleading dementia, but seems improper in cases in later life. Primary dementia is another suggested name, but for the reason referred to above, this is also objectionable.

For the purpose of this paper, we will, while waiting for a better name, continue in the language of Kraepelin to use "provisionally" the name of "dementia praecox."

The disease, as the name indicates, is a psychosis usually associated with early life, more than sixty per cent of the cases appearing before the twenty-fifth year. In the early stages of the disease, the symptom complex is varied and the fundamental symptoms may not be recognized, but to one familiar with the disease picture, it permits of early recognition, and the symptoms become more marked as the psychosis progresses.

During the onset of the psychosis, there is more or less disturbance of apprehension, when the patient is somewhat disoriented, when they are confused concerning their environment and are uncertain as to time and place. As the disease develops there is usually not much disturbance of apprehension. The patients perceive external impressions correctly and comprehend what occurs about them. They are very well oriented as to time, place and person. Sometimes hallucinations distort the comprehension and delusions lead to misinterpretations of environment. Of hallucinations, hearing is the most common, annoying voices are frequently distressing. Hallucinations are generally associated with the onset or during exacerbations of the disease.

One of the most fundamental and diagnostic symptoms in the case picture of the psychosis is pronounced impairment of voluntary attention. They are not at all interested in anything. There is a characteristic absence of interest in passing events. They perceive correctly, but with so little interest that they do not attempt to understand. However, when we can arouse attention, it is often surprising, even in cases with marked stupidity and indifference, the degree of perception and understanding that is present. They are attracted by new and unusual impressions. To illustrate, a stupid patient was greatly interested in seeing a skeleton and talked about it afterwards. In cases

of deep stupor and deterioration it is impossible to attract the attention in any way.

I believe the impairment of voluntary attention is but the initial step of that peculiar state that is most characteristic of the disease, to wit: negativism. The negativistic state may extend from inattention with listless indifference, to a deeper state with mutism, contracted flexors and resistance of all types, on to that profounder state with catatonia and stupor.

There is probably no test that is more suggestive of the disease in its several degrees than the manner in which they shake hands. Even when they respond to the request to shake hands, they do no more than place the hand in that of the one requesting. They do not participate in the act, or if they do not respond to the request to join hands, and the hand is grasped, there is no response in the act of shaking.

Memory in dementia praecox is impaired from the onset, especially memory of recent events. Not infrequently memory images formed before the onset of the disease are retained with remarkable persistence.

The field of judgment is defective. They are confused in new surroundings, and the defective judgment becomes the basis of delusions.

The disturbance of the emotions is characteristic and may be considered fundamental. The emotional life deteriorates and is manifested by lack of interest in surroundings, changed disposition, laxity in morals, disregard of cherished ideas, lack of affection toward relatives and friends, and absence of sympathy for or interest in the distressed.

As the disease progresses the emotional nature becomes more changed. They experience neither joy or sorrow, have neither desires or fears, are unconcerned and apathetic and utterly indifferent. These patients sometimes sit for hours silently gazing into space or regarding their surroundings with a vacant stare. They are indifferent of personal appearance, untidy, and careless, and are given to assuming uncomfortable and unnatural positions. During the early stages of the psychosis and there is often more or less depression, when the case may be mistaken for the depressive form of mania—depressive insanity. Again the onset is sometimes associated with more or less excitement of a mild and changeable type, suggestive of the mania.

A characteristic manifestation of dementia praecox is sudden and unexpected outbursts of anger, irritability, and peevishness, when they are inclined to acts of violence and destruction. Later in the history with the development of mental deterioration, these exhibitions of temper disappear and they become uniformly indifferent. Another symptom that is especially diagnostic is that of childish silliness and senseless



laughter. The patients often engage in talking to themselves and indulging in silly laughter. Many of them will respond when addressed with an outburst of senseless laughter, or frequently they engage in this silliness without any reason or provocation. When they are asked to explain their unusual conduct, they can rarely furnish an explanation of their seeming amusement. Other characteristic acts and mannerisms are often present in these cases. They are given to the use of stereotyped expressions and movements.

Of the course of the disease suggestive of the name, progressive dementia or mental deterioration, of different grades, appears in the course of a large per cent of the cases. In some, deterioration is rapid, while in others the decline is more remote. In a majority of cases, they decline to a profound state of dementia, and pass into a terminal state of sluggish indifference, presenting extreme negativistic conditions.

Of the diagnosis of dementia praecox, it is my belief that the most important factor is to recognize in a given case the element of negativism. It seems to me most important and is present in some degree in almost all cases.

Three types of the psychosis are recognized and described by Kraepelin,—the hebephrenic, the catatonic and paranoid. The hebephrenic form or hebephrenia is a group of cases presenting a symptom-complex characteristic of simple dementia praecox, and without the peculiar syndrone of the catatonic and paranoid forms. The case picture is suggestive of hebetude, loss of attention and indifference. The onset of many cases is characterized by a period of depression, the patient being apprehensive, dejected and sad. This state is often associated with hallucinations, especially of hearing, and frequently complaint of annoying voices. The course of hebephrenia is uneventful, passing through various stages of mental deterioration. In a small proportion of the cases, the symptoms of the disease disappear and progress to satisfactory recovery.

The catatonic form comprises another group of cases that are associated with stupor and extreme negativism, automatism and muscular tension. There is nothing in the onset and development of the psychosis that especially suggests catatonia, but as the disease progresses, peculiarities of action and movement appear in which the element of constraint is prominent, this increasing to a state of muscular tension. The hands and arms assume flexed positions, the fingers closed in the palms, and there is resistance when effort is made to overcome the flexion. Patients assume constrained and uncomfortable attitudes for prolonged periods. In many cases, where there is less muscular tension, the limbs may be

placed in various uncomfortable positions where they will remain. In catatonia the element of negativism is most pronounced. The obstinate and persistent resistance that is present is due to negativistic influence. They resist the natural impulses, they are quite mute, though sometimes there is catatonic excitement associated with impulsive actions and stereotyped movements. As in the hebephrenic form the course of the psychosis leads to deep deterioration in a majority of all cases, though in hebephrenia a few cases appear to recover, though usually with some change of character and reduced mentality.

The paranoid form comprises the group of cases wherein delusions and hallucinations of a persecutory character are prominent. Since the time when Kraepelin extended the scope of dementia praecox to include this group of cases, there has been much discussion among psychiatrists concerning the correctness of his teachings as applied to these cases. Many alienists believe them to be cases of paranoia, and that it is impracticable to determine the line of demarkation between paranoia and paranoid dementia praecox. It is my belief that not infrequently this criticism is true, yet there are undoubtedly many cases of the type where the case picture is distinctly different from true paranoia. In paranoid cases the development is comparatively rapid, and differs from the gradual systematic progression through years perhaps of paranoia. The delusions of paranoid types are persecutory in character, but they are not fixed and systematized, indeed the delusions of paranoids are commonly changeable, fantastic and often grotesquely hypochondriacal. It is my opinion that the most important diagnostic distinction between paranoid dementia praecox and true paranoia depends on the presence or absence of the distinctive fundamental symptoms of all types of dementia praecox, negativism. In paranoids, we do not find the stupor, mutism and extreme negativism states as in catatonia, yet there is manifest by indifference, lack of application and the like, the essential features of the psychosis.

Again the comparatively rapid appearance of mental deterioration often present in paranoids is not consistent with paranoia. These several important differences in the symptoms complex appear to me to be sufficient answer to the objections that have been proposed by the critics of Kraepelin, though I will admit that there are frequent borderland cases where it is perplexing to determine whether they should be assigned to one class or the other.

Under the most favorable circumstances, the prognosis of dementia praecox is very unfavorable. Not more than fifteen per cent recover and as many more improve considerably. The remaining seventy per cent progress to a more or less complete state of mental deteriora-

tion. The treatment is largely suggested by the condition of a given case. Many of them are improperly nourished, especially in the earlier stages of the disease, they are found anaemic and emaciated. The most important indication in such subjects is to improve the defective nutrition. Tonics, nutritious food, baths and massage are suggested. Many such cases improve both mentally and physically under the bed treatment of Weir Mitchel, and it is the practice of our hospital to give all such cases the benefit of protracted rest treatment.

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### PARANOIA.\*

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Paranoia is a chronic, progressive psychosis, occurring mostly in early life. Characterized by the gradual development of a stable, progressive system of delusions, without marked mental deterioration, clouding of consciousness, or involvement of coherence of thought. I believe this term was first used by Mendel in 1881. And since that time, there has been a very wide variation in its application. Some have applied the term to any psychosis, in which the predominant symptoms were primary delusions and hallucinations, and pay but little attention to the course and termination of the disease. This seems unreasonable. The careful study of the clinical symptomatology in conjunction with the etiological factors, the course and outcome will lead to the recognition of paranoia as described by recent and competent writers.

Etiology—About three to four per cent of the cases admitted to our state hospitals, are paranoiacs. The disease is more common in men than in women. The fifteen year period—between 25 and 40 is the usual time for the development of this disease. And it usually develops on a defective constitutional basis—either congenital or acquired,—defective heredity existing in a large percentage of the cases.

Usually peculiar traits may be recognized in early life. Some show perverted sexual instincts, or marked aptitude for study, or mental activity in limited fields. Some have been abnormally bright along certain lines. Others have always been called flighty. Exciting causes occasionally form the starting point of the psychosis—such as some acute

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illness, mental stress, shocks, business reverses, deprivation or disappointment. But this was only bringing to the surface the trouble that had been lying hidden.

Pathology.—There is as yet, no very well defined pathological anatomical basis peculiar to paranoia.

Symptomatology.—Development very gradual, and frequently so insidious as not to be recognized for a long time; although those associated with the patient can recall peculiarities which did not impress them at the time; such as change of disposition, irritability, grumbling, discontentment, suspicions, complaints, and so forth. One of the first symptoms to be noticed is the fact that mental and manual labor becomes distasteful. And they magnify insignificant matters, become exceedingly distrustful, and suspicious, and think that all the acts of wife, children, friends or associates are directed at themselves. They think they are slighted, and then persecuted, and gradually systematizes their delusions. However, the term has been applied to any systematized delusions, so that it is a much broader term now than when first used.

The delusions are often of an expansive character. They cast about for the reason to give an explanation. Some find it in the wealth they do not possess, others believe it lies in some personal charm or special ability. Still others think they are of noble descent, or born for some special mission. He thinks that not only are his associates always watching him, but that rulers, and as he will say, nations, are keeping him under careful observation, and tries to think why it is. Finally, it dawns upon him that he is the kidnapped son of a millionaire, or is a prince and lawful heir to a throne, and that his extensive properties are unlawfully used by the government, or state, while he is deprived of his liberty. The patient thinks he is much superior to his associates.

In paranoia, both persecutory and expansive delusions are held with great persistency, and are built into a coherent system, and this is held to be an essential characteristic of the disease. The patient, while reviewing his past life, will detect occurrences which at the time had no special significance, but now he is convinced they were part of a plot. This is termed retrospective falsification of memory.

One man remembered hearing his parents whisper in an adjoining room. They became mute when he entered. Later a disguised woman, who was really his mother visiting at the house,—all pointed to the fact that he was of noble birth, and that a younger brother was trying to displace him. An erotic element often appears in the delusions, sometimes pronounced enough to lead to the recognition of er-



otic paranoia. Again, religious coloring is sometimes strong enough to establish a religious paranoia. Hallucinations are always present at some time, but do not play a very important part and rarely persist throughout the entire course. Those of hearing are most prominent. The patient never has genuine insight into his disease. He can not be made to realize the fallacy of his delusions. Memory is well retained, and judgment, except along the line of his delusion, is unimpaired.

Paranoiacs, as a rule, sooner or later become arrogant, proud and dogmatic. The conduct of these patients is orderly at the beginning, and often for a long time. But all the time certain oddities may be noticed. Later, they become restless and move about from place to place, but a change affords only temporary relief to their anxiety, and they soon notice suspicious circumstances and want to move on. And as would be natural, they soon become unreliable, and can not provide a living for their families or even for themselves. The delusions of persecution, and opposition not infrequently lead them to assume the defensive, and even to take the matter of vengeance in their own hands. Sometimes the delusions have been nourished for a long time before they have been observed by associates, and an assault may be the first irregularity noticed. For this reason, the paranoiac, is probably the most dangerous of all the insane. One patient assaulted the mayor of the city for keeping him from his sweetheart. Another shot at a milkman, and gave as his reason for the act, that the milkman was poisoning his cattle, and bewitched his sister. Another drew a pistol on a man with whom he was having an altercation over business matters, and gave as an excuse, that the man was the secret agent of the government sent to kill him.

In accordance with expansive ideas, the patient may address the president as his father, or he may decide that he is a proper associate for the highest literary or scientific circles. He will demand access to some millionairess, and claim that her parents are keeping them apart.

When confined in an institution, they may try to conceal their delusions, but this is not effective for long, for the paranoiac is not naturally secretive. He really wants everybody to know of his importance, and conduct themselves accordingly. And he will soon find evidence of continued persecution or opposition in the new surroundings. And the fellow patients will appear to them only as accomplices placed there to aid in their discomfort, and to thwart them in their plans.

Not infrequently they regard their confinement as a part of a plan to drive them crazy, and they think their fellow patients are accomplices for this very purpose. And they will resent any interference on the part of any one. Some patients submit gracefully to their con-

finement, and while they say there is no apparent justice in it, yet it may be that it is a part of God's plan to discipline them and prepare them more fully for their great mission in life, and so forth.

Once in a while, patients confined in our state hospitals will have control enough to decide that if their story is not believed and that no amount of reasoning will convince the ward physician, or the superintendent, that he is what he claims to be, and that what they claim are delusions, are actual facts, he will quit talking about those delusions for a while, and see what effect it will have. The course of the disease is protracted. Almost invariably, the onset is gradual. And usually the disease has been in progress for some time before the friends have detected it. When the disease is well established, there is no further doubt, and the course is slowly progressive, and there is a gradual evolution of delusions, which are constantly being further systematized, and often to encompass new environments. In many of these cases, the course seems to present definite periods, according to the stages of evolution of the delusion.

First comes the insidious onset, which Regis calls the period of subjective analysis, and then comes the period of delusions of persecution, with hallucinations, and later, we have what might be called the ambition period, when there is a very decided change of the entire personality. You will find in such cases the patient is quite orderly. And then he will present an unclouded consciousness, and for many years he will probably be capable of doing considerable labor, both manual and mental. Usually it is after the lapse of many years before there is manifested much mental weakness. These patients become unable to apply themselves take less notice of their environments, and less care of themselves. Strange as it may seem, a patient at this stage may appear at a standstill for years and now and then remission appears, when the patient for a time is able to rejoin his family, but rarely, if ever, is he able to resume his accustomed occupation. It is indeed a sad sight to see a man year after year, agreeable, pleasant, harmless, industrious, and so forth, rational on all matters but some certain one, but when that is touched upon there is the silliness of a babe. The diagnosis depends upon the slow onset, the characteristic, coherent and systematized delusions of persecution with retrospective falsifications of memory, often associated with a change of personality; unclouded consciousness, coherent thought and absence of mental deterioration for many years. Sometime dementia paralytica and melancholia may be mistaken for paranoia. But in dementia paralytica, there is usually a more rapid development with early appearance of emotional weakness, and physical signs. The

conduct of the Paranoiac is entirely dependent upon the content of the delusions. You need not waste any time reasoning with a paranoiac. He can not be reasoned with. He is persistent in the prosecution of his ideas. And he usually is not submissive to confinement; while the paretic does not often strongly oppose his retention, and but seldom becomes stubborn about it. In melancholia, the onset is more rapid than in paranoia. There is a marked disturbance of the emotions; there is fear, self accusations, and more or less clouding of consciousness; also an absence of system in the formation of delusions, and there is mental deterioration within one or two years.

The Prognosis—is bad indeed, as no case of genuine paranoia ever recovers.

The Treatment—of paranoia is naturally limited to the removal of irritating influences, and to confinement in an institution where systematic routine, with out door life, and ample exercise, may ameliorate or ward off the condition of mental weakness.

There are a few cases of paranoia which have been designated as querulent insanity, which we should notice before leaving the subject. The psychosis is of gradual onset, perhaps arising from some legal injustice, real, or fancied, probably a defeat in court, an unjust award of damages, loss of property or an unfair adjustment of claims, in which the patient has been the sufferer. He refuses to settle, carries the case from one court to another, and finally develops an insatiable desire to fight to the bitter end. He will reach the point where he is unable to view the standpoint of any one else with any sense of justice. And his personal belief and desire completely obscure his better judgement. Finally the statutes appear inadequate, and even the fundamental principles of law are not comprehended. Such a patient will set aside all business to carry on the struggle. He begs for sympathy, and denounces those who do not side with him. Hearsay and bits of knowledge gathered at random are cited as evidence in his behalf. And all the money the unfortunate man possesses, and all he can borrow are squandered in the pursuit of justice.

After all the usual means of justice have been exhausted, he can not abide by the decision. He can not appreciate the needlessness of further struggle. So he writes to lawyers and judges, legislators, consuls, ambassadors and finally, to the president or the king.

Of course if these letters are answered in any way except the one he wants, he becomes angry, and sees further evidence of persecution, —a complete organization to do him up, as he says. His letters are long, and carefully written, entering into the minutest details, and often rambling off into matters that have little or no bearing on the case.

Such a patient is irritable, and becomes greatly excited in conversation. Still he prides himself on his ability to control himself. He will become very abusive. Memory is well preserved, and in fact it is often surprising to note with what accuracy he is able to quote from law books, and to repeat parts of speeches, and to enumerate various dates. Thought continues coherent but there is great tendency to monotonous repetition of the delusions. One seldom misses them, in even a short conversation, and one will become very tired if he attempts to listen till such a patient completes his story relating all his troubles. Such a patient has no insight into his condition. He is often encouraged by the fact that many have expressed a doubt about his being insane. And it is a fact that physicians have been known to base their opinions in such a case on what they have been able to detect in a single conversation with the patient, when his peculiar delusion was not brought out, for the sole reason that the subject had not been touched upon. This action on the part of the physicians not only unwise, but sometimes harmful. And it will often place the physician in an embarrassing situation. After further developments have brought out the facts, a safe course for the physician to pursue, is not to be in too big a hurry to make a diagnosis. I think mental deterioration comes on sooner in this form of paranoia than in the ordinary forms.

All of the symptoms are soon exaggerated, speech becomes more and more limited and incoherent. Irritability increases, and the patient will become peevish and indifferent, and even stupid.

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### TOXIC PSYCHOSES.\*

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Under the head of toxic insanities we refer to those caused by alcohol, morphine, opium, cocaine, chloral, sulfonal, trional, and iodoform. These types of mental trouble naturally fall under the head of the acquired psychoses and may be produced in any individual that may have been unhappily, or unintentionally, made an opium, or some other drug, fiend by the assiduous use of some one of the group, taken to allay acute or prolonged suffering. The same applies to the dipsomaniac; the trouble may be acquired by any physically and mentally

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normal individual, under some peculiar circumstances. I say may be acquired, for I very much doubt their being entirely normal; still, they may be very nearly so, and near enough that when helped out of their slavery to either alcohol, or other drug habit, to have normal will power enough to stay away from and let it alone. These are the class of cases that the Keeley and other cures gain reputation from—they are the minority, for eight out of every ten addicted to the use of any of the class return to the ranks of adepts in use of the toxic materials; or go from one to another—running the gamut until again put in condition of being unable to appear longer sane and again become an applicant for the cure, only again to fall.

In the case of alcohol, even in small quantities, we have a deleterious effect on the nervous system. The most common form of acute alcoholic poisoning is what is designated Delirium Tremens. This is preceded by a stage of irritability and restlessness with stubborn insomnia; then all at once illusions of vision, or hallucinations of hearing set in. At first, in many cases, they are slight and amuse the patient, more or less.

As the name implies we have two very pronounced symptoms of nervous and psychic trouble, Tremor and Delirium. Delirium is at first slight and evanescent; but unless the disease is arrested at this point the delirium becomes acute; and the fine tremor more pronounced, until, at times, holding an object—such as a glass—and carrying the same to the mouth is utterly impossible; and can not be accomplished without assistance; the face assumes an anxious expression; terror is depicted; pupils widely dilated; skin bathed in a cold clammy perspiration; pulse becomes hard and rapid in beat—at times intermittent,—the mouth and fauces feel parched; urine at times scanty; constipation obstinate with great anorexia; nausea pronounced and often the stomach rejects any and all substances introduced into it; temperature may remain nearly normal; in unfavorable cases, the temperature runs as high as 105, F; or becomes subnormal. During stage of acute delirium constant watching is required to prevent suicide, and at time homicide—but more than either to prevent the patient from getting abroad in an effort to escape his imaginary enemies and pursuers—often they get out in inclement weather, with little or no clothing, and a pneumonia finishes the case for you.

Sleep is the great thing to be desired and is brought about in different ways—by opium, chloral, bromides, etc., or by regular hypodermatic injections of hyoscine every two hours 1-50 gr. each; this is supposed to be kept up systematically for about 48 hours; many recoveries are claimed for this method. Warm baths and massage are of

great use in these cases. An ice-cap in the acute and violent forms of delirium, where a probable meningitis is accessory, is of marked benefit, catharsis, complete in character, is a marked utility.

In the acute forms of toxic effects from alcohol, without unfavorable complications, treatment is generally successful, and in those with sufficient will power one attack is sufficient; but in those with hereditary predilection they recur about so often, until a great deterioration of the nervous system is the result and ambition is entirely sapped; while no desire obtains to get rid of the 'Vampire,' and finally they become a dement to a greater or less extent.

In chronic alcoholic insanity we may not have any attack of delirium tremens at all; but the constant ingestion of the poison gradually saps the vitality, not only of the psychic, but of the motor neurons as well.

These cases may assume the aspect of paresis, or paralytic dementia, and we have the facial tremor peculiar to that psychosis, as well as the general tremor of the whole body, this latter ought to attract your suspicion as to the exciting cause; grandiose ideas may also show up, especially if the patient gets pretty well boozed up and 'shows his oats.' I have seen this mistake made by physicians and only when it was discovered that the patient had been drinking quantities of some beverage, was the true state or condition recognized as chronic alcoholic insanity.

In this class of psychoses men will steal and commit all crimes of the decalogue to obtain drink—families are left to starve without the least twinge of shame or remorse so long as the insane desire could be catered to. The man, or woman loses all self respect and all pride of appearance, or shame of exposure of his, or her, misdeeds—finally we have developed a typical case of moral insanity due to moral and mental degeneracy. Even in those that do not go so far and still attend to their business there at times appears a sort of mental irritability, oftenest exhibited in their families in the form of conjugal jealousy and abuse of the helpmeet, until, finally, aversion and disgust usurp the former affection of the wife, and her frigidity, due to anxiety to shield herself from offensive acts, foul breath, and insane upbraidings, are given an insane interpretation by the boozier, and oftentimes brutality follows the morbid green eyed monster and heretofore happy homes are made desolate. Frequent illusions and hallucinations, at times fixed delusions, accompany the trouble. The only cure is to be restrained for life, or at least for years.

Morphinism is more often an unconquerable habit in the normally constituted than any other toxic form; and this is due, in a very large

measure to the physician. When prescribed in the first instance it was generally indicated and the frequent repetition, possibly, necessary in many cases; but when left cured of the injury calling for the drug there was left behind a "dab" of morphine. The habit thus acquired is at times unconquerable, by the patient, as the toxic effects on the psychic centers is such that the will is in abeyance and the drink clamored for by the other neurons is irresistible.

These cases when helped over this toxic condition, and the patient placed where the will is itself again, the habit is gone for ever in those of a normal make-up when freed from their enslaver. In some instances and in some people it is hard to say what the limit is for the use of opium—some use it for years and perhaps a lifetime and seem to get but slight, if any, injurious results—at least apparently so. We see them and hear of them after they have been dabs for years and have no way of ascertaining what change has been wrought in their physical and mental make-up.

But in those that we have an opportunity of knowing before and after, the injury is very apparent.

The ordinary results from its use and poisoning is weakness of will—irritability of temper—the victim becomes unreliable, untruthful and often depraved in his ideas, appetites and pursuits, especial in all sexual affairs. The final result in this climate is actual insanity, generally of the depressed or melancholic type,—in some it remains and simulates neurasthenia of the querulous, unsettled doubting Thomas sort, with loss of flesh and gradual failing of the organic life.

I have seen cases that have passed into terminal dementia as a result of its toxic effects. The 'dab' soon takes up all the other substances that other dabs acquaint him with; may even leave morphia for a time only to come back to it when all others fail to satisfy.

Sudden deprivation of the drug brings on peculiarly distressing symptoms, vomiting, purging, restlessness, pains throughout the body—at times hallucinations and when the heart is unsound syncope, or even death.

A peculiar pallor is indicative of the habit. The prognosis after mental symptoms manifest themselves, is bad.

In treatment of the morphine, or opium, habit the gradual withdrawal of the drug is demanded, unless some substitute is made to take its place for the time being. The remedy mostly used by the different cures throughout the country is what is known under the name of heroin, just what it is is not known. It is given hypodermatically for three or four days when they leave it off entirely. I have tried this in one case, that of a physician, that came under my care and who

at the time was making 20 grs. morphine twice a day. I gave him 1-6 of a gr. four times the first twenty-four hours; twice the second, putting in 1-24 gr. nit-strych. and to take the place of the other two doses; third day gave 1-12 heroin morning and evening, S. N., twice; fourth day gave the strychnia all four doses; kept this up for week and then gave three times a day; at same time gave all through a tonic mixture, nonalcoholic, of gentian and hydrastis, with 20 min. of tr. citro-chloride of iron. He claimed he never had for a moment any craving for the morphine and asked me at the end of the week when I was going to cut down on the morphine. He was amazed when I told him he had not had a grain from the start; he was very pleased as he had take a treatment twice before and had suffered greatly. He was cured of the habit so far as that goes, but, much to my disgust developed toxic insanity about two weeks later and in now an inmate of the state hospital at Topeka; will state, casually, this man is a paranoiac and his history shows that he travels from whiskey to opium, from opium to the asylum, and is only sane when drunk on some drug. This may account for the success of the treatment; in other cases, I have not had such remarkable success with, still I think it is worth a trial in all cases. Another treatment is by keeping the patient under chloroform for twenty to thirty hours in a darkened room; theory is that the chloroform neutralizes the poison and causes its rapid elimination.

In any treatment, suggestion cuts quite a figure, you must get the confidence of your patient and assure him that the treatment is the only one that will help him out and that he is bound to recover; all this is not much in itself but it surely helps the patient fight the battle.

Strychnia nitras and atropia sulphate are of much value in keeping up tone of the organism. I always alternate so as to give strychnia every other dose no matter what other drug I may use, if any.

You must support your patient if you want him to get well. Hot baths are also very beneficial—static electricity, massage and rubbings are also valuable. Isolation is imperative if you wish to succeed. Iron, hydrastis, gentian, cinchona combined with some mild laxative, as cascara, are of great help and urgently needed for the building up of a new physical and moral health, as the patient will need them both before he is through the battle.

Cocaine is a product of late years and is somewhat similar to morphine in its poisoning qualities, except that it produces deleterious results very much sooner; its manifestation are rather to produce vicious actions in the user of the drug.

In those at all inclined to psychopathia sexualis it at times bring



about very dreadful results in the sadistic line; sadism is active cruelty and violence with lust. The sadist has erotic pleasure, only, when he can commit some act of cruelty on the object of his desire—Jack the Ripper and all those horrible characters are no doubt sadists of most pronounced type.

The "Coke" habit, is becoming very prevalent, especially among the lower classes of criminally inclined degenerates. Cocaine rapidly saps the mentality of the user and the 'dab' looks and acts in the most foolish manner—you will only need to see one or two of the fiends to recognize the debasing action.

I consider cocaine much more dangerous to the community than any other toxic poison; cocaine insanity is quite prevalent.

Treatment is much the same as for any other drug excitor,—long and enforced abstinence is the only hope, and it only succeeds in those that have some normal makeup to work upon. The habit is often formed through the treatment of nose and throat specialists and more often by quack nostrums containing the drug.

There are many other drugs that may produce mental trouble and among them we find chloral, sulfonal, trional, quinine, ether, mercury, lead, iodoform, carbonic acid, gas Squibbs mixture.

Chloral is not so much used as formerly for this purpose—why I do not know. The toxic effect partakes of the hilarious character, more so than any other toxin. The habit is more easily combated than that of the opium family; when it has gone far enough to effect the mentality we find that the type is just the reverse of being hilarious; we then have a melancholic cast of trouble and the destructive effect on the neurons is very rapid; at times we have a maniacal manifestation as a psychic effect of chloral, this form is followed by rapid dementia.

Iodoform produces much the same effect as lead and mercury but is more rapid in its manifestation; we are pretty sure to have acute mania as a result of this toxine, the course is generally rapid and recovery is the rule, though we at times find terminal dementia following the outbreak, generally I find that this is apt to be the result where we have well marked hereditary stigmata. Treatment for iodoform poisoning is best accomplished by the use of alcohol and the iodides, with sweating, catharsis and diuretics; in fact set up increased action to all the emunctories.

Cannabis indica and absinthe also come under the list of drug excitors, they act more markedly in producing illusions and hallucinations; at times of terrifying character, especially if chronic results obtain; we have a rapid deterioration both physically and mentally; the illusions

and hallucinations may become fixed delusions and become of a suspicious nature in which event the patient can well become dangerous, especially if they take an erotic form and jealousy happens to be one of them. These two drugs beget a sort of Dr. Jekyll and Mr. Hyde existence, a sort of dual life, or rather a separating of the subjective and objective minds.

CASES No. 1 and 2. Were brothers. Their mother had been a dipsomaniac and drug fiend, her brothers and sisters died of either carcinoma or tuberculosis, until the mother's family became extinct. The father never drank but was what was known as a great crank on all subjects, and was possessed of many stigmata. Both boys were rather precocious and seemed very decent and nice up to young manhood. From the start of first indulgence in alcohol, to the end of six months both were confirmed drunken sots, lost to all pride, and though broken of the habit, in the following three or four years, time and again would return regularly to its use never leaving off for a month at a stretch; finally they also took up the drug habit and both died suddenly within three months of each other, of acute mania.

Both seemed to wish to give up the liquor but the power to do so was apparently beyond their control, they were fair samples of transmitted defect and from the taking of the first drink were hopeless wrecks; one peculiarity they retained was financial honesty—to the last they neither showed any criminal predilection or inclination to take what did not rightfully belong to them; perhaps their never being in any financial need may have been one reason for this. When temporarily sober they were both gentlemen in deportment and scrupulously honest in their dealings with their fellow men.

CASE No. 3. Was that of an old Keeley cure patient, aged about 43; a decorator by profession and a very competent artisan, when sober. He held position after position but could not give satisfaction. Some four years after the last cure he developed what the attending physician diagnosed as paresis, and sent him to me to have the finishing touches applied.

He had loss of all reflexes—tremor of fibrillary character—inability to walk—incoordination of all muscles—some trouble with deglutition, in fact his doctor kept hold of him until, as he evidently thought he was as good as dead, but, he was mistaken in diagnosis as well as in his prognosis. I diagnosed alcoholic insanity and treated him for same; he recovered and after becoming rational he told me that he had been drinking about five gallons of grape wine per week for over a year; but that none of his people knew anything about it; his explanation was that as he had the craving for drink he thought that the wine would

not hurt and it seemed to take the place of the whiskey. He recovered, a sorrowful and penitent man and stopped drinking wine; but inside of a month he began trying the effects of beer, drifting back slowly but surely to his old habit of whiskey and at present is somewhat of a dement, can not work and does not dare to go up on a ladder for any purpose whatever, as he has on one or two occasions had a bad fall by attempting to do so. He is on the ragged edge of another exacerbation of mental psychosis and when it supervenes he will doubtless cross over the great divide and join the great majority, as he could not expect to pass through another such an attack as above portrayed.

CASES No. 4 and 5. Were two moral perverts, offsprings of tainted heredity and the receptacles of all the atavistic deviltry inherent in their progenitors for many generations—a deviltry condensed and simmered down into the most finished fiendishness. Both were born with beautiful, baby-doll faces, wax-like in appearance, this sort of beauty they retained for several years. At second dentition their teeth were crooked, one had the Morel ear without lobule, the other very small ears set close to the head with lobule running down on the cheek. They were otherwise rather well set up physically; in fact on first acquaintance they would both be called rather fine looking fellows; but prolonged acquaintance caused them to be shunned by decent people; both were good talkers; in early life they blushed easily and were seemingly very diffident; they never wore well on acquaintance, one began to see that their faces were out of shape, their smile was a creepy thing, their heads were crooked, their heads dome shaped and entirely too high above their ears, and if, as I have done, you could see them when angry you would have beheld fiendish countenances; an expression for murder, had the courage been behind the desire.

These boys began on cigarettes early in life; one of them using as high as 100 a day. The use of liquor was indulged in by both at the age of 12—no school could hold them; then insane spells would take them and they would depart for parts unknown; but the trail of forged drafts and checks blazoned their routes of travel—finally they would drift back home in a sort of aimless way; when confronted with what they had done they would never turn a hair; but talked as though the troubles and trials they themselves had undergone ought to be considered; and not the mere total of one or two thousand the old man had been compelled to put up to save them from the state's prison.

Finally, both, one time and another, were sent up to the state asylum only to be returned as nothing recognizable could be ascertained in their cases, justifying their detention. Several private sanitariums were called upon, but, a few months would see them released, either by those

in charge, or by their parents, only to be followed by another crooked journey with its story of misused names of other people.

These men had the fecund soil to work upon and alcohol soon finished them up as confirmed moral degenerates. In a few short years their tree of life will begin to die at the top and dementia will be the result unless some of their special deviltries are nipped in the bud by a pistol shot, or rope in the hands of a mob; as they both have begun to show phases of psychopathia sexualis and in some spree followed by maniacal lust, their affairs may call for one or the other of the means of exit previously specified. There is no cure for this class of moral perverts, as it is almost impossible to keep them secluded for remainder of their worthless lives, as should be done for the safety of society and cause of decency.

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### DISCUSSION.

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**Dr. Glasscock.**—I was put on to open this discussion, but it will not be possible for me to say very much on these different papers. I was very much interested in Doctor Eastman's paper. The question who shall pass upon applicants for the insane asylum is a very important subject. A jury, as has been suggested by the doctor, of course are hardly proper persons to make a diagnosis of insanity. Many cases are not difficult to diagnose, the family, or any one connected with them can easily make the diagnosis, but some of these cases of insanity where there is only one particular point in which the mind is at fault, make in society one of the most dangerous things we can form a conception of. Any one who has studied nervous diseases realizes many of the murders are committed by men not responsible for the acts they do. Many of the attorneys try to keep their clients out of the penitentiary, claiming they are insane. Many of us know people who have insane delusions about some particular thing, and the natural thing for that person to do without being conscious of what he is doing, is to kill that person. So when it comes to passing on insane persons we ought to have the best medical skill we can get. Any man that has had experience with these cases knows perfectly well that at the end of a week, thirty days at most, as we have in this state the private institutions, they will know definitely whether the case is insane or not, and if it is not insane it will be dismissed in a very short time. These are the most dangerous cases we can form a conception of and for that reason it seems that a commission of physicians is much more desirable to pass upon these cases than is a jury.



The paper by Dr. Lindsay was very interesting. These cases of brain tumor illustrate how difficult it is to localize a cerebral tumor. In the case of the doctor's it is not strange, and in fact it is not strange in a good many cases of brain tumors that we do not find any pronounced symptoms.

Now the paper of Dr. Perry's was certainly a very interesting one. If there is anything I know of in the practice of medicine connected with nervous diseases that should interest the profession of this state, or any other state, it is the question of epilepsy. Epilepsy has been one of the curses of nations since the early history of mankind. In our state, fortunately, we have an institution for the care of epileptics, but as the doctor has suggested in his paper today, practically the only cases that go to the state institution are those cases beyond the possibility of hope. If we could locate it in any individual cases, if we could select from the families of this state of ours, and from the homes we visit so frequently in a professional capacity, and place them under proper care and treatment, we would not only relieve the family of that unfortunate condition they are placed in by having a confirmed epileptic, but we would benefit the state. It is important, of course, in the management of cases of that kind, that we get them in proper hands at the right time..

A number of these other papers I wanted to touch on, but especially I wanted to say something about Dr. Goddard's paper on toxic psychoses. If there has been inherited from our ancestors a stable nervous system, manhood or womanhood grows here sure and positive and definite. We can select men here today in whom we can produce delirium tremens and yet when you get them out from under the influence of that liquor there is manhood there and that man can simply throw it off without any trouble. The same is true with women who have acquired the drug habit by physicians giving them drugs to relieve some pain. Just as soon as the necessity for that drug is passed, womanhood exerts itself and they simply throw it off without any great trouble, without any assistance of the physician. There are a great number of people who may become degenerates because there is no foundation, or nervous system there, no manhood there, no womanhood. It is impossible to do anything with people of that kind. It resolves itself into the kind of people we have to deal with. If we have men or women to deal with we can cure them. If we haven't men to deal with, no nervous system to deal with, we can do nothing with them unless we place them in confinement and that is the only means by which they can be cured. The question of all these unfortunates we meet with in mankind is the question of the make up of the individual.

If you take a child with possibilities ahead, you can develop it and make anything out of it that you desire to make. On the other hand if you take a child without any possibilities to build upon, it is impossible for any educator or any man to do anything with it. We have some people upon whom we can accomplish something. I am glad to say.

**Dr. Perry.**—I only want to say a word in the discussion of the paper by Dr. Biddle. He called attention to the fact that there was a group who were inclined to take the radical stand taken by Kraepelin and his followers in the last few years, upon the extent of this disease or upon the diagnosis of this disease of dementia praecox. I want to say I endorse that stand taken by those men who do not follow entirely the stand taken by Kraepelin and his followers in recent years. I think the pendulum has swung too far and is even now begun to come back and it will be some time before we reach stable conditions in diagnosing this disease. It is a mistake, I think, to say or to believe at all we have the large percentage of this type of insanity that some men claim they find. The doctor, in his paper, said that he thought twenty-five to forty per cent would cover the ground. I am more inclined to say that twenty or twenty-five will cover it. When Kraepelin first brought out his new classification it was certainly needed. There was a class of patients we had not been diagnosing correctly. There were patients diagnosed by one man as primary dementia, and by still others insanity of adolescence, and various names. Recently there has been a tendency to reach out, and this new form of mental disease includes a large number of diseases that I do not think properly belong to them. The two latter divisions of the doctor's subject are where we make our errors. The cases of young adults are easily diagnosed, but I think many cases of simple paranoia are diagnosed as dementia praecox. We do not have the clear cut and classical types to deal with always, and still we have the very classical picture of paranoia as presented here. We may have other cases of paranoia who do not fit that classical picture; they may be a little less inclined to have the fixed and systemic delusions. Their mental condition to begin with may not be good. Also, I think we pass some cases which should be classified as maniacal dementia. •

The second form, the catatonic form, the old classification of catatonia, I do not believe is a good one. Catatonia is a collection of symptoms that we have cropping out in other forms of mental deterioration. I recall one case of dementia of years standing who developed a typical case of catatonia.

**Dr. Peers.**—I just wish to call attention to the treatment of acute delirium tremens which I accidentally tumbled on to in one case. The man was troubled a good deal with his stomach. In

order to relieve that I gave a dose of apomorphine and was surprised and pleased to see after he had vomited thoroughly the delirium ceased and he got sleepy. Twice since that I have tried it on him with beautiful results, and he wakes up absolutely without any delirium. I have tried it in two or three cases with equally beautiful results.

**Dr. Hays.**—In a discussion of this kind where medical men are gathered together the points that interest the general practitioner and his patients and families are the most valuable. There is one paper today, it seems to me, which touches us all, that on epilepsy. Some of the greatest strides being made today are in the treatment of epilepsy. The success of the Craig Colony, has given us hope where heretofore there has been no hope. This is particularly true in children because a large percentage of epileptics develops in childhood. If the family physicians appreciates properly, and carries out thoroughly a course of systemic treatment, a great deal can be done to prevent epilepsy.

There is no disease or any of the forms of the psychoses or nervous disorders that responds more generally or more beautifully to the proper elimination out of the system of these faults of metabolism than epilepsy.

And along this line, some of the reports given in the Craig Colony are wonderful. Certain medicines which respond beautifully in one patient will not touch another at all, because the thing which produces epilepsy in one patient does not in another. The old form of giving bromide of potash is done with. We find out the fault, the exact cause, and by a process of careful, individual study of each individual case we are able to not only relieve but cure epilepsy.

**Dr. Lindsay.** (In closing)—I was unfortunately not able to be here during the discussion. I do not know whether you paid any attention to my paper or not. I have nothing particular to offer, only I hope this matter will help us somewhat in the diagnosis of this area of the brain. I can not say that I threw very much light on that subject, only to show that this is the unknown area so far as I know. I have had several surgeons speak to me as I went outside. Their eyes would sparkle and they would say "what a fine thing that would have been if you could have gotten that tumor out." Your difficulty is to know to locate, and know it is there. There is one point we might dwell on and that is the resistance which the brain has to traumatism. We can do a great deal of exploring with safety. I had no reason to think it was there, and I found it later on. I did believe, before the man died, that he had a tumor in his brain, but not until it was too late to do any good.

**Dr. Perry.**—I want to say only a word in regard to the matter

that Dr. Hays just brought up. That is a very important position and one that I think it would be well for the general practitioner to put in his pipe and smoke; that is, the investigation treatment. Look into each case and put it on a line of treatment fitted to that special case.

In that connection I hope that this body will take more interest in discouraging epileptics in the use of the patent nostrums. It is amazing the amount of patent medicine the epileptics take. There are a number of stores throughout the country, and in Kansas City, flooding the state, holding out all kinds of false hopes to the patients, and dosing them out bromide of potassium, etc. They come to the state hospital for epileptics, four out of five of them bring four to eight ounces of patent medicine with them, enough to do them from four to eight years.

**Dr. Biddle.**—My experience in reference to Dr. Goddard's observation, and the observation that many may have had, blaming the physician as being the initiator of the opium habit, that is not true. I have not the data at hand, but I do not recall, in thinking about it since the doctor's remarks, I do not recall a morphine habitue who came into the hospital with the physician's prescription as the starting point of his habit. More frequently it has been where they have switched from one intoxicant to another. They have been alcoholics until they became dissatisfied with that stimulant and would try opium or morphine and frequently would switch from morphine to cocaine and often practice a combination of the two. Now I think we exaggerate the blame that is so often charged up to physicians. These dope fiends are most frequently men who want to indulge—men or women who want to indulge in some intoxicant of this form.

As for the treatment, my experience with the inebriate has not been large. The cases we get have usually passed to the stage where delirium is present, or some sort of the other manifestations of the alcoholic or drug habit. We treat them by the rapid withdrawal method, and usually an absolute withdrawal, and substitute toxin with extra nutrition, milk and eggs. This is our practice both in alcoholics, toxins and the drugs. All of them recover. I think in your gradual withdrawal extending over a period from two to four weeks, probably at the end of the time the ordeal through which they will have to pass is about as severe as it would have been at first. Occasionally where they have been using great quantities of the drug the absolute and immediate withdrawal of the drug, they are more or less excited—occasionally, very rarely, the withdrawal has to be more gradual, but we get better results and we get none of these deleterious and permanent results that the doctor indicated, and the recoveries are good. The



trouble is they are persons either from the lack of moral stamina or perhaps they do not really care. They go away and in two, three, six or twelve months many of them resume the habit again.

**Dr. Uhls.**—I want to say just a few words about some of the other papers. I want to speak of Dr. Eastman's paper regarding the incomplete way in which insane people are committed to our hospitals. I wish to submit to you the proposition that it is an improper thing to have some one make a complaint in the neighborhood that some one is insane, then to have this man arrested as a criminal and brought in to the county jail and be there till his trial as is frequently the case; people there through curiosity, the witnesses themselves, and the discomfiture and shame of the friends and the family; then when a man is proven insane he is locked up in jail until the papers can go to the board.

Another thing, I claim that some one who is accustomed to handle insane people can take these people to an insane hospital with less trouble than can an officer of the law. I made that statement a few years ago in an article. As a consequence a sheriff of Kansas came to me with considerable vim and asked me what I was doing in writing against the rights of the sheriff. I told him I was thinking about the poor individual and not the sheriff. So, I haven't said very much about it since, but I haven't changed my mind. The insane man is not a criminal, as a rule, and ought not to be treated as a criminal.

On Dr. Perry's paper, I would say nothing except I like the paper. It ought to create in the minds of the men here a determination that we ought to get at the treatment of epilepsy sooner than we do.

The term "dementia praecox," is overworked. Too many cases are now being called dementia praecox. Many of them are not properly classified.

As to toxic psychoses; the use of alcohol and the use of drugs bring a good many people to our institutions. We have nearly thirteen hundred patients; not as many of them as is generally supposed are brought there from drugs and liquor, but a good many of them. This discussion has brought out that in these cases it is dangerous to do anything radical. Dangerous to withdraw liquor, or if the morphine habit, dangerous to withdraw the morphine at once. So far as I know from the seven years I have been superintendent of that hospital, and the two years I was assistant there, there has not been any case received there who came there as a result of liquor or of drugs, who have ever got any part of a grain or any of the stuff after they got there, and no cases are more curable and we have not lost any person by withdrawal. Two days later they know they are going to die, beg us to give them something so they can die easily, but they do not die.

**Dr. Goddard.**—Mr. Chairman, I want to thoroughly endorse Dr. Eastman's paper. It is a subject that ought to have been brought up and beat around a good deal for a good many years.

They say I said things I didn't say. I never said anybody could be cured. I said a patient can be broken of the habit if he is a normal individual. You take a pervert and I will give you all the money I have if you will cure him. If we could open his head and take these neurons out and know they are out we could do it. I, like Dr. Uhls, when I treat him he gets no more morphine. I do not dilly dally along. Withdrawing but a little at a time reminds me of my trying to quit smoking, but I keep on smoking just the same. It takes a long time, dropping off one cigar a day. I believe one little grain of morphine is just as bad as the whole jump, and he will suffer as much when you take it away as he would when you take the whole push away.

I don't agree with Dr. Uhls on the number of paranoiacs being mostly males. I have a notion they are mostly females.

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### COUNTY NEWS.

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**Arranging Programs.**—In order that the scientific work of the county society accomplish the most possible an annual program should be arranged. This avoids the helter-skelter sequence of unrelated papers—the grab bag assortment which necessarily kills the interest of the membership. As a valuable suggestion we reproduce herewith the card gotten out by Dr. T. E. Schwarz of Clay Center for his society. He uses a return postal card, of which the following is a copy of his request. The reply card gives space for naming the class, the subject, and the title of the paper. These returns enable Dr. Schwarz to work out a very helpful program:

“Dear Doctor: The Clay County Medical Society wants each of its members to present one paper per year. Select a subject in the classes I or II, then decide what title you will give your paper, mail me your decision and I will set the date for the reading of the paper. Class I, Surgery, Internal Medicine, Diseases of Children. Class II: Obstetrics and Gynecology, Chemistry and Materia Medica, Anatomy and Physiology, Physical Diagnosis. Answer promptly.

Yours fraternally,

DR. T. E. SCHWARZ.”

### Allen County.

To the Editor.—“Enclosed please find a copy of report of Dr. Edith S. Haith, of the Allen County Medical Society, which has been prepared

and sent to different members of the Allen County Society, relative to preparing a program. I think the report an excellent one, and would suggest that it be published in the Journal.

Yours truly,

CHAS. S. HUFFMAN.  
Secretary Kansas Med. Soc.

This is the letter:

Iola, Kansas, August 10, '06.

Dear Doctor:—A committee was appointed at the June meeting of our society to prepare a scheme of work for the ensuing year, beginning in October. It is to be along educational, professional, scientific, and social lines. We want to know something of the wish of each member in preparing this program. We suggest some subjects, and you may decide upon which one, or more than one, you may care to write. If a member or members should select the same subject, we will arrange a symposium. We want to feel at liberty to suggest your name at a Clinical Meeting, and to trust that you will respond. We cannot outline the course for the Hospital, but only give you an idea of the subjects, and then arrange the details afterwards. We are planning for three public lectures to be given in the Library Building, which we think would be appropriate and would suit the public needs. We will introduce "Drug Proving" You may be interested in some subject not mentioned and we would be glad to know on what topic you care to put your best work. If any date is more suitable to you than another, please mention it, though we may not be able to give it to you. The outline of work will cover the months from October, 1906 to September, 1907. The following are some of the subjects: For the public lectures: Sanitary Science, First Aid to the Injured, Organized Medicine. For the Hospital: Some Lectures on Physiology, Chemistry; on Surgery such as Shock, Anasthesia, Postoperative, and Postanasthetic Complications, preparation for Operation, Operative Technic, Irrigation of Wounds, and related subjects. For our own meetings such subjects as are before the State Societies: Pure Food Bill, Contract Practice, Anti-tuberculosis Movement, Nostrum Evil, Insurance Examinations. We should have at least one meeting when we should have talent from the outside. Shall it be the December meeting, at the annual election, or shall it be a spring meeting? Shall we have an annual banquet, or shall date be set by committee? Do you care to suggest some speaker from abroad or will you leave that to the committee. Some have thought that it would be wise to have sections in our Society for mutual benefit in study; one on Surgery, one in Gynecology, Obstetrics, Neurology, Urinary Diseases. Write us on what

section you would like to be considered an authority. Please consider this carefully, answering our questions, and write us by September first, that we may be able to have the program ready for distribution by September nineteen, our regular meeting. We have by no means suggested all the subjects from which you may select. Feel free to send us your own with date. May we feel at liberty to modify or add to your subject in adapting it to our schedule of work?

Yours truly,

EDITH S. HAIGH, Secretary.

**The Decatur and Norton County Medical Society** met in Dr. Dallal's office, Norcatour, Thursday, August 2, at 2:30 p. m. Present: Drs. Hardesty, Davis, Standard, Hall, Dollal, and Kenney. Dr. Dollal presented an obscure case of liver and heart trouble and a case of adhesions following an appendectomy; besides two cases of skin lesions. Dr. Kenney presented a case of malignant growth in both breasts on a male subject 53 years of age. Dr. H. O. Hardesty read a paper of Cholera Infantum and Dr. Dallal one on Endometritis. A general discussion followed. The next meeting will be held in Jennings the first week in October.

C. S. KENNEY, Secy.

**The Clay County Medical Society** met at 8 o'clock p. m., at Clay Centre, Wednesday, August 8. The following program was given: Pediatrics—"Internal Disorders of Children," Dr. G. H. Litzinger, Riley; Surgery—"Phlegmons," Dr. S. C. Pigman, Concordia. Discussions by the doctors present. The papers were good and the society was well attended.

G. A. TULL, Secretary.

**Marion County Medical Society** met as Marion, Kansas, July 11, 1906, at 1 p. m. The following papers were read, "Some things we do and do not know, and "some things we know and do not do." by Dr. O. J. Furst, Peabody, Kansas; "Rashes associated with digestive disturbances in children," by Dr. J. H. Saylor, Ramona; Puerperal Fever," by Dr. James Welch, Tampa; "Microscopes as a help in diagnosis," by Dr. R. C. Smith, Marion. Members present: Drs. McIntosh, Brown. Drs. Buck and Furst, Peabody; Dr. J. H. Saylor, Ramona; Dr. James Welch, Tampa; Dr. G. Myers, Lincolnville; Dr. Shirk, Lost Springs; and Drs. N. M. Smith, G. P. Marner, and R. C. Smith, Marion. The next meeting will be held at Peabody, Kansas, October 10.

R. C. SMITH, Secretary.

**The Labette County Medical Sosciety** held their regular monthly meeting at the State Hospital for Epileptics, Parsons, Kansas, at 1:30 p. m. July 18. The society had at the last meeting accepted the invitation extended by Dr. M. L. Perry, superintendent, to hold



a meeting at the State Hospital. The following members were present: Drs. Kleiser, Skoog, Perry, Hubbard, Kackley, Alison, E. E. Liggett, Brady, Markham, Bennett, Boardman, Albert Smith, Anderson, Barbe and Heacock. Drs. R C. Henderson and Painter were present as visitors. Each member manifested much interest in the meeting. A paper was read by Dr. M. L. Perry on "Types of Epilepsy with Demonstration of Cases." After reading the paper, sixteen cases of epilepsy, showing almost as many types, were presented before the society. Among them was a case of Jacksonian epilepsy and one grand mal epileptic who had had a few pure psychic attacks. Dr. O. S. Hubbard demonstrated a case of Multiple Neuritis. The case was one whose lower extremities were chiefly involved. He had had paresthesia, has a marked muscular atrophy and a spastic gait. A small group of cases of Bromism and its results were demonstrated. This was a clinical supplement to a paper read before the society on May 9, 1906. A pathological specimen, Deformity from Bilateral Costal Cartilage Fracture was demonstrated. The injury causing this defect was received a number of years ago. The healing occurred by connective tissue and a surrounding ring of true spongy bone. Drs. J. W. Henderson, J. T. Tinder, and James Heacock, were unanimously elected members. After the scientific portion of the meeting the society was entertained for a short time. Refreshments and cigars were served.

A. L. SKOOG, Secretary.

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### NEWS AND NOTES.

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**A Query.**—The following letter and enclosure have been sent to the JOURNAL. We sympathize heartily with our correspondent and therefore publish the matter in the hope that publicity may lead to a more strict practice in the matter of advertising. We would reiterate our opinion that truly able men do not need to resort at all to questionable means of securing public attention. Patients whom such men have pleased constitute the best advertising medium. Hence we would say to the young man: "Do not be hasty. Work at your books and your charity cases until the first real case comes. Then treat that patient so well that she will spread your name abroad."

The letter is as follows.

Dr. G. H. Hoxie,  
Kansas City, Kansas.

Dear Doctor: We would respectfully ask what you will charge to run the enclosed advertisement for one or two issues.

Kansas City, Mo., 8-8-06.

Respectfully yours,  
CHI CLINIC STAFF.

The enclosure (printed in nonpareil) clipped from a Kansas City daily paper and is as follows:

Dr. Flavel B. Tiffany leaves tonight to join Mrs. Tiffany, who has been spending the summer in her old home at Northboro, Mass., in a trip to Spain. Dr. and Mrs. Tiffany will sail on the Canopic, August 11, for Gibraltar. From this port their itinerary includes to Algiers, Africa, and to the principal points of interest in Spain and Portugal. They will spend considerable time in the enchanting land (Andalusia) so vividly portrayed by the pen of Washington Irving. Passing over the Pyrenees they will spend some time in Normandy, the original home of the Tiffany's.

Dr. Tiffany expects to visit some of the eye and ear clinics of Madrid and Paris.

Dr. and Mrs. Tiffany will return on the "Empress of Ireland," of the Canadian line, which will bring them through the picturesque St. Lawrence to the historic cities of Quebec and Montreal.

They expect to return October 1, in time for the carnival festival.

Dr. Tiffany leaves competent assistants in charge of his practice during his absence.

**Missouri Valley Medical Society** will meet in Council Bluffs on Thursday and Friday, September 6 and 7. Special railroad rates will be in effect for a radius of 100 miles on account of the fall carnival. Number of papers limited to twenty-five. Dr. Chas. Wood Fassett of St Joseph Mo., is secretary.

**State University Hospital**—We clip the following from the Kansas City Times: "The first building the medical pavilion of the Eleanor TavorBell Memorial hospital group in Rosedale, for the Kansas State university was opened yesterday, July 19. Twenty four beds are installed and six nurses and a superintendent were placed in charge. It will probably be two weeks before the nurses will have all in readiness for receiving patients. All non-operative patients are to be cared for in this hospital. A building in which surgical operations are to be performed will be erected as soon as the money is realized from real estate. Dr. George H. Hoxie, dean of the clinical department of the university, will have full charge of this hospital. With him will be associated Dr. R. T. Sloan, and Dr. E. W. Schaufler and the other members of the faculty on internal medicine. In it the senior pupils of the medical department of the state university are to be trained. A part of the building is to be set aside as free clinic rooms. The building opened yesterday cost, with equipment, \$25,000. The building which will contain the pathological laboratory and lecture rooms now under construction, will cost completed about \$40,000."

**Medical Association of the Southwest.**— When the State Associations of Missouri, Texas, Kansas, Arkansas, Oklahoma, and Indian Territory met this summer, each one endorsed a movement looking toward the consummation of the idea expressed at a late meeting of the

American Medical Association, which was to divide the United States into groups or districts and organize in each a district association which would stand in the relation of an ally to the A. M. A. Each state appointed a committee of five to act on this committee. Monday, July 16, at 10 a. m., the committee met in the parlor S, Midland Hotel, Kansas City and organized by electing Dr. F. J. Lutz, of St. Louis, temporary chairman, and Dr. F. H. Clark, of El Reno, Okla., temporary secretary. A lengthy discussion regarding the necessity for such an organization was taken part in by every one present.

The following members were present: Drs. J. E. Gilcreest, Gainesville, Texas; T. E. Holland, Hot Springs, Ark.; J. A. Lightfoot, Texarkana, Ark.; J. B. Bolton, Eureka Springs, Ark.; C. E. Bowers, Wichita, Kas.; Geo. M. Gray, Kansas City, Kas.; M. F. Jarrett, Fort Scott, Kas.; H. L. Alkire, Topeka, Kan.; Frank J. Lutz, St. Louis, Mo.; Chas. Wood Fassett, St. Joseph, Mo.; Jabez N. Jackson, Kansas City, Mo.; B. F. Fortner, Vinita, Ind. Ter.; A. L. Blesh, Guthrie, Okla., and F. H. Clark, El Reno, Okla.

A large amount of routine business was attended to, the name chosen being "The Medical Association of the Southwest." The meeting is to be an annual one, to be held in the fall, and the initial meeting at Oklahoma City October 30, 31. The committee on Constitution, which consists of Drs. Jackson, Bowers, Gilcreest, Lightfoot and Blesh, were instructed to draw up a declaration of principles to be presented to the committee and a constitution to be presented to the general meeting of the association. The following is the declaration.

To the Medical Profession of the Southwest:

By virtue of the authority delegated to us by our several state associations, to consider the advisability of the organization of a medical association of the Southwest and to define its purposes, scope and sphere of action, we, your committee, in pursuance of such instruction, this day met, and beg leave to submit the following conclusions: that the time is now opportune for the formation of a medical association of the Southwest, and respectfully urge that in consideration of the fact that in the territory comprised by the states of Missouri, Kansas, Arkansas, Oklahoma, Indian Territory, and Texas are engaged in the active practice of the profession of medicine, between 15,000 and 20,000 of as bright and intelligent physicians as can be found anywhere, who because of the natural limitations of the state association on the one hand and the magnitude of the American Medical Association on the other, lack the proper opportunity for the full development of their powers, that the formation of an association of the above mentioned

states will materially aid in developing this latent talent, and thus advance the standard of scientific medicine in the whole Nation.

We believe that the membership of this association should be limited to those members of the profession who are in good standing in their respective state associations.

We believe that an association of this kind will satisfactorily fill the present existing hiatus between the state association on the one hand and the A. M. A. on the other, occupying a field peculiarly its own, adding increased effectiveness to the work of the one and at the same time training talent to adorn the other.

We would respectfully call the attention of the profession of the great Southwest to the fact that this step is in harmony with the idea expressed at the late meeting of the A. M. A. and in its constitution (Sec. 7) of dividing the United States into districts, so as to make its work more effective and more truly representative of the whole body of the profession of the United States.

We would especially call the attention of the profession to the fact that this association is not to be organized in opposition to, but rather in harmony with all existing regular associations.

We recommend that the name of this organization be The Medical Association of the Southwest.

We invite the careful consideration of the medical profession of the states above mentioned, to the reasons given herein, and if they meet with their approval, extend a cordial invitation to them to join with us in making this, as it of right should be, one of the strongest working medical bodies in the United States.

A. L. BLESCH,  
JABEZ N. JACKSON,  
J. A. LIGHTFOOT,  
J. E. GILCREEST,  
C. E. BOWERS,

Committee.

After the adoption of the Declaration of Principles, which was unanimous, the committee completed the temporary organization by electing Drs. J. T. Wilson, Sherman, Tex.; Marion King, Texarkana, Ark.; P. S. Mitchell, Iola, Kans.; and C. S. Bobo, Norman, Okla., temporary vice presidents, and Dr. H. C. Todd, Oklahoma City, chairman of the Committee of Arrangements.

A committee on programs was appointed consisting of Drs. J. E. Gilcreest, H. L. Alkire, J. D. Bolton, F. J. Lutz, and F. H. Clark.

The program committee was instructed to provide a program for two days, and to divide the work into sections. Dr. H. L. Alkire, chair-



man of the Section on Eye, Ear, Nose and Throat; Dr. J. E. Gilcreest on Surgery, and Dr. J. D. Bolton on General Medicine.

A committee on Publication was appointed, as follows: Dr. Chas. Wood Fassett, St. Joseph; Dr. T. E. Holland, Hot Springs; Dr. M. F. Jarrett, Fort Scott; Dr. M. M. Smith, Austin; Dr. A. L. Blesh, Guthrie. This committee will make a report at the first meeting, and a recommendation as to the best method of publishing the transaction of the association.

The secretary was instructed to send a copy of the Declaration of Principles to every physician eligible to membership in the states comprising this district, and to urge them to attend the initial meeting.

A rising vote of thanks was tendered Dr. Jabez N. Jackson for his efforts in behalf of the new organization and for his generous entertainment of the committee, after which the committee adjourned to meet on the evening preceding the first meeting of the associations at Oklahoma City.

F. H. CLARK, Secretary-Treasurer.

**Increased Requirements in Illinois.**—At its meeting held in Chicago, June 20, 1906, the State Board of Health voted to adopt the following as the minimum preliminary entrance requirement to the study of medicine. This standard was adopted by the National Confederation of State Medical Examining and Licensing Boards at Boston, June 4, 1906.

1. A high school diploma from a recognized high school, or its equivalent in the form of a certificate showing that the applicant has passed a satisfactory examination in all branches usually embraced in the curriculum of a four-year high school course, said certificate to be either issued or passed on by some designated state official, such as the superintendent of public instruction, and not by anyone connected with any medical college.

2. Satisfactory documentary evidence of having completed at least one year of not less than nine months of work in chemistry, biology, physics and languages in either a recognized institution of learning chartered to confer liberal degrees or in a recognized medical college having a special additional year devoted exclusively to the above subjects, this requirement to apply to all students matriculated after Jan. 1, 1910.

(The University of Kansas is following this tendency and will require at least one year of college for entrance to the medical school. We trust that our members will use their influence with the Kansas Board to have them support the elevated standard and will also urge their proteges to secure this added preliminary training even before it is officially required.)

**For Sale or Exchange.**—Landor's Physiology, new edition; Haemacytometer. Address J. R. S. care of THE JOURNAL.

**Physician wanted** to take my practice for nine months beginning Sept. 15. Give references and address Physician 739 Ann Ave., Kansas City, Kansas.

**A Young Regular**, age 26, Rush Medical '05, one year's hospital experience wishes to take a physician's practice for two months as locum tenens. Good references. Address care of Journal No. 38.

**For Sale**—New 1906 Model, Pope Tribune runabout, first class condition, run six weeks. Will sell at a bargain. Wish to buy a large car. Picture of car in July Journal. Address W. B. W. care of JOURNAL.

**Drs. Boone and Smith** have opened a sanitarium of five beds at Highland, Kansas. The hospital is equipped with electric and X-ray apparatus, laboratory, baths, etc, and is conducted on ethical lines.

**Fermentative Ailments.**—I am fully persuaded after considerable experience with the sulphocarbolates that they, together with other cleansing means such as Abbott's Saline Laxative, will be found of wonderful value in all fermentative ailments of the alimentary tract. Phila., Pa.

DR. W. C. BUCKLEY.

**A Superior Preparation.**—I have been using Abbott's Saline Laxative for some time and find this preparation to be superior to any substitute I have tried. I use it now altogether, and would not think of getting along without it. Anthon, Ia.

DR. N. T. SCHWABLAND.

**Dysentery.**—My beginning treatment is always the small, frequently repeated doses of calomel, followed by Abbott's Saline Laxative. And what is more prompt in promoting secretion, excretion and elimination? Andersonville, Ind.

DR. F. SPILLMAN.

**Dr. Wm. Frick** of Kansas City wishes to announce to the profession: First—That he is limiting his practice to diseases of the skin and genito-urinary organs.

Second—That he has installed a first-class X-Ray outfit for the purpose of treating by this method those of diseases of the skin, which are best so treated. All cases referred to him will receive careful at-

tention and will be greatly appreciated. Dr. Frick's card is in the advertising columns.

**The Cottage for Nervous and Mental Cases**, at Christ's Hospital being unequal to the demands upon it, another and larger cottage is being built which will be finished about November first. They say:

"It is our idea that the detached cottage plan affords better conditions for the treatment of nervous diseases than the large building in which many are housed.

"In the new cottage each room has access to a wide porch, so arranged that in case it is desirable, a patient may sleep out of doors.

"With the addition of this building we will be prepared to classify cases so that all forms of mental and nervous disease, including alcohol and drug addiction, will be provided for.

"With this increase in the work of the Hospital, along with the demands of the other departments, an increased number of nurses will be required. The training school should have at least twenty more pupils by September first. Physicians are asked to recommend to us any young women they may know who are suitable for the work."

Should it be needed Dr. Lindsay will be glad to meet patients at any time with an ambulance.

**Saunders New Books.** Messrs. W. B. Saunders Company announce for publication in the early fall the following excellent and practical works:

Keen's Surgery, Its Principles and Practice (Volume 1.

Sobotta and McMurrich's Human Anatomy (Volume III.)

Webster's Text-Book of Gynecology.

Hill's Histology and Organography.

McConnell's Pathology.

Morrow's Immediate Care of the Injured.

Stevenson's Photocopy (Retinoscopy and Skiascopy.)

Prieswerk and Warren's Atlas of Dentistry.

Goepf's State Board Questions and Answers.

Lusk's Elements of Nutrition.

The most notable announcement is the new work on Surgery, edited by Dr. W. W. Keen, complete in five octavo volumes, and containing over 1500 original illustrations. The entire work is written by the leaders of modern surgery—men whose names are inseparably associated with the subjects upon which they have written. Without question, Keen's Surgery will represent the best surgical practice of today.

**For Sale**—In eastern Kansas, practice, residence, and office building, rich farming community, a good growing town, with abundance of natural gas. Collections 95 per cent. A \$3000 practice, modern new seven room house, barn and office and store building, all well located, for \$4000. Terms reasonable. Will introduce purchaser. Address care of Journal No. 37.

**Let it be Resolved** that we strive to carry to every patient a more pronounced spirit of hopefulness and good cheer; to know more about disease, exhausting, so far as we may, every possibility of relief or cure; to search for medical truths and accept them whenever they may be found, regardless of source; to meet our defeats like men and fight our battles with undiminished courage; to hate evil and have no commerce with hypocrisy nor with those who fatten on the misfortunes, the ignorance and the appetites of the weak; to give every man a square deal and demand the same for ourselves; to be kind to all but especially the unfortunate; and, finally, to dedicate our energies and our talents to the service of our fellow men, aiming to make Medicine, as we practice it, so helpful so efficient, so scientific, that there shall be no abiding place in the communities in which we work, for quackery in any of its many forms.

DR. W. C. ABBOTT.

### THE STATIC CURRENT IN TREATING MELANCHOLIA.

(Abstract from an article entitled Fragmentary Clinical Therapy of the Static Current from the Generalists Scrap Heap.)

S. GROVER BURNETT, A. M., M. D.,  
Kansas City, Missouri.

Medical Superintendent of Dr. Burnett's Private Home for Mental and Nervous Diseases and Alcohol and Drug Habits, former Assistant Superintendent Long Island Home of New York, for Mental and Nervous Diseases and Inebriates, Ex-President of the Medical Society of the Missouri Valley.

The early diagnosis of uncomplicated melancholia in ages prior to the menopause in women and antedating presenile arterial and tissue change in men, the isolation, rest, food, proper medication and static current treatment will cure practically every case.

Sixty cases of simple melancholia selected for their similarity of conditions, were equally divided. All were isolated and treated on the line of rest, forced nourishment and such medical auxiliaries as tend



to overcome the insomnia, lessen the psychic undertone, and irritative symptoms. The static treatments were always given for the general systemic effect but modified according to the indications. For instance, those having that uncomfortable irritative, heavy, dull, semi-painful, condition of the upper dorsal spine, including the cervical spine and frequently the skull base (described by me, New York Med. Journal 1891 and termed Nuchal-Algia, in "Diagnosis of Incipient Melancholia," quoted by Prof. Haig in his work on uric acid.) had the spinal electrode moulded to the parts indicated and the wave current applied cautiously, daily. Those with more defective alimentation, so called toxic symptoms, had the wave current applied over the abdomen. Some with more deficient vaso-motor conditions, as shown by dry inactive, parchment like skin, would be gradually coaxed into the spark application to the entire spine and to the limbs where cold hands and feet or clammy hands and feet were present. To this, in some cases, the friction spark would be added. The average time for convalescence in the thirty cases thus treated was 18.5% shorter than the same number of similar cases treat on the same plan, excluding the static current.

The average time during which hypnotics were used was 25% shorter in the thirty cases treated by the current than in the cases not treated by it. My experience is, however, that many cases of melancholi have the delusion intensified by electric application of any kind. These are usually neglected cases, coming under treatment after the psychosis has become progressively established with fixed and frenzied delusion and are essentially asylum cases. They dread and fear the machine and electricity as a method of torture. To avoid this, extreme care as to exact methods and mild applications are necessary for the introductory treatments. Should the delusional condition tend to centralize around the treatment application, I discontinue it; anything magnifying the extreme intensity of the mental fears and dreads is contraindicated. The prognostic secret lies in the early diagnosis. It is more important in these cases than in many other morbid conditions. They accept treatment early which their delusions exclude later. They get well if treated early, otherwise they tend to more imperfect recoveries and chronic psychoses.

# The Journal

OF

The Kansas Medical Society

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## DIFFICULTIES OF AN INTERNIST.\*

J. H. LATTA, M. D.

Wichita, Kansas.

The difficulties that meet the internist in the prosecution of his work, may be divided into three classes; (1) those growing out of the relations existing between internal medicine and surgery, (2) those traits innate or acquired existing in the internist himself, and (3) those outside interfering difficulties other than surgical.

The relation existing between surgery and internal medicine today can only be described as an overwhelming tendency toward surgery, indeed it might with truth be said that among those of the highest reputation internal medicine is in eclipse. In all our cities apparently the hospitals are noted chiefly for the surgery they do. Surgery is the despair of medicine and the amount of surgery done must always be in direct ratio with, and something of an index of, the failures of internal medicine. One might readily assume that there are more cases demanding skilled internal treatment than there are demanding surgery; yet the average rural doctor can recall in any large city the names of a half dozen distinguished surgeons to every single internist of equal reputation. In our own little city of Wichita we have at least half a dozen surgeons of good reputation, while there is not, I believe, a single internist of more than ordinary reputation among us. Judging from this ratio of surgeons to internists, and eliminating the acute ailments that fall to the rank and file of treatment, it might appear that surgery is doing about five sixths of the work. If this ratio, or anything near

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\*Read before the Kansas Medical Society at Topeba, May 7, 8, 9, 1906.

it represents the relative relief offered by the two branches of medicine in the highest rank of the profession, then we have reached the despair of internal medicine. You will understand that these remarks are not statistics, but are simply intended to provoke discussion regarding certain conditions that are comparatively plain facts..

There are certain reasons underlying this relative preponderance of surgical activity. Among others, prognostic certainty is far better in surgery than in internal medicine, and this certainty adds to the confidence of the surgeon and assists greatly in commanding the confidence of the patient. Diagnosis in surgery depends more frequently upon gross changes relatively easy to determine, then again operative proceedings for clearing up a difficult diagnosis may more frequently be undertaken in surgery. Diagnosis in internal medicine depends almost entirely upon the interpretation of delicate chemical or physical processes hidden from view. These processes are in many cases only slightly understood, or too often unfortunately, not understood at all. Success in both internal medicine and surgery depends in a large measure upon confidence and this in turn depends upon the means that can be taken to command it. In this respect the internist is often more heavily handicapped than the surgeon.

Let us take for instance a malignant tumor and the problem of its successful removal. To the surgeon the probable character of the tumor, the period and rapidity of its growth, its condition as localized or diffused, the anatomical structures involved or likely to be involved in its removal, all are factors relatively open and recognizable. If an operation be essayed, two simple factors are chiefly or alone involved: (1) local anatomical knowledge to avoid lethal injury to the patient while removing all the diseased structure, and (2) the recuperative power of the patient to repair the damage inflicted. When the internist undertakes the treatment of some serious disease of an equal magnitude affecting an internal organ and of a character usually assigned to the internist, he is too frequently forced to depend upon an empiricism, bare and irrational, or if he essay anything as deep and thorough as the measures of the surgeon, he finds himself facing certain mysteries of etiological, physiological or pathological nature very imperfectly understood and whose clear solution may not become the property of the profession for centuries yet to come.

Surgery is more prompt in its results and appeals to the average layman as commanding more of that something called "brilliancy" than does internal medicine. Surgery also frequently comes to the patient's relief, when it does relieve, after a long round of unsuccessful internal treatment. In these cases the invalid too often counts his ex-

perience with medicine as time wasted. This is not usually so, but he feels that way, and next time he is inclined to take the short cut to relief, and he will, when he can, influence his friends to do the same in any similar case.

The rapidity of industrial growth on its mechanical side, including the rapidly increasing and widespread use of modern machinery, must, it seems to me, inevitably lead to increased surgery; while the steady increase of hygienic knowledge, the close attention given to the repression of infectious diseases, and the almost certain steady increase of immunity in each successive generation, must lead to a corresponding decrease of opportunities for internal medicine. Again this increase of surgery growing out of mechanical conditions will be largely excluded from the fads and quackery that continually prey upon the province of the internist. This increased surgery resulting from industrial conditions must be applied in the main at the point of accident thus tending to smaller hospitals and more of them. But the demands for surgery of accident and injury will lead to increased skill and reputation in general surgery among the operators in these small hospitals. Given the required skill and appliances, small hospitals can do as good work even in other than emergency cases as can the large ones. May we not then reasonably expect in the future an increase in surgery at small points and a relative decrease at large ones,—but on the whole an increase in surgery without any warrant for an expectation of increase, but rather a reasonable certainty of a decrease in the work and opportunities of the internists? This it seems to me is the outlook fairly warranted by present conditions. One hears on all sides these days even among surgeons themselves the expression, "Internal medicine is bound to come to the front. We have gone too far in the direction of surgery. The pendulum is going shortly to swing the other way." May be so; but it is more than doubtful. Twenty-five years ago, the great lights of the profession were predicting the return of blood-letting, but it didn't come. There are no pendulums marking the movement in medicine, for there are no backward swings. During the early Christian centuries, science was destroyed and we were later compelled to borrow from paganism or rediscover, as in the case of the ligature of an artery, knowledge once possessed. But aside from such "dark ages," a measure lost is not found again. Therapeutic measures once dead, remain so, there are no "second comings" of therapeutic saviours. Hygiene, surgery and physiologic therapeutics are the probabilities of the future. Drug giving seems to have a "rocky" prospect before it. However, the role of the prophet is proverbially risky, and feeling the narrowness of my limitations along this line, I pass on to other subjects.



Surgery does not depend for its successful prosecution on anything near the great mass of elaborate knowledge of details of delicate vital and pathological processes as does internal medicine. In the study of internal medicine, there are tendencies toward the growth of personal traits antagonistic to extensive work of the internist. Long and careful study of books and laboratory problems increases the pleasure of study and often lessens the taste for practice. Deep and prolonged study lessens that easy cock-sureness in diagnosis and treatment that to many people is the most valued attribute of the physician. Study of this character shows to the physician the complexity and the vast possibilities of pathology, increases the expectation of complications and intensifies the sense of responsibility. I have known able and studious physicians who apparently from this cause, became, as age advanced, more and more reluctant to answer calls. Internal medicine requires not only great breadth of scientific attainments, but these must be associated with much tact and practical skill. These traits are not often combined in the same man. The science of medicine possesses something somewhat antagonistic to the art involved in its application. The internist must devote himself to a wide range of studies and there is a constant tendency to become a scientist to the neglect of the art of successful practice. Many a successful practitioner is a poor scientist and many a good scientist is sadly lacking in the art of successfully handling patients. Surgery is prompt and definite in both its good and its bad results. When change of methods is demanded in surgery the reason for change is usually clear. In internal medicine we are dealing with processes only half explained. The explanations waver continuously between bare empiricism on the one hand, and metaphysical jugglery on the other. The result is a wavering uncertainty in therapeutic measures. The young man starts out with a faith in internal remedies all but Mussulmanic in its enthusiasm. The grizzled veteran has tried them all, and each breeds its increasing crop of doubts. According to Hemmeter, one great European center, Berlin, was worshipping steadily for decades at the shrine of "expectant treatment," while the rival schools at Vienna were given over to plain unquestioned therapeutic "nihilism." In our own country, also, Austin Flint, at least during the latter part of his career, was frequently branded by enthusiastic younger men, as a "therapeutic nihilist." It is a condition that comes with deep study and increased experience. It seldom afflicts the superficial student. While this therapeutic skepticism doubtless protects the sick from rash enthusiasm, it frequently robs the internist of that glowing faith and resistless energy, that in any pursuit is necessary to a wide success.

If the internist in a city attempts to build up a consultation practice, he immediately finds himself facing another difficulty growing out of the different treatment accorded by many general practitioners to their medical as contrasted with their surgical cases. In a surgical case the ordinary physician soon finds himself, to use a common phrase, "up against it." He must operate or refer his patient to some one who will. There is no such sharply recognized duty in medical cases. To keep these cases under treatment till they get well or die, is a common practice, and usually very little criticism attaches to the case in any event.

Laying aside the personal traits of the internist as affecting his work, we have next to examine certain hampering conditions in the physician's surroundings both inside and outside the profession. The chronic tendency among doctors to exaggerate their incomes causes many young men to rush into an already overcrowded profession, in a measure that would never occur, were the young men acquainted with the bare facts. This overcrowding affects both surgeons and internists, but it bears more heavily upon the work of the internist, because the great mass of mediocres, such as are to be found in all professions, not possessing the skill or daring to push their way into surgery, must remain in the ranks of internal medicine. For while the masterful internist must labor with a devotion not excelled by the surgeon, and must strive for a culture even broader perhaps than the surgeon needs, it still remains a fact that the paths along which the easy, slipshod, lackadaisical practitioner likes to wend his shuffling way, lie in the province of internal medicine rather than in the domain of surgery.

Another serious difficulty attending the work of the internist is his lack of ability to command the fees. If there are any in the profession to-day who are well paid, as to which I am in doubt, they are the surgeons. The public will not recognize the time and skill of the internist as equalling in value that of the surgeon. Even if we can hope for a change in this direction it must come too slow to benefit the internists now on earth. On questions of fact, and without an appeal to the emotions, like that of Eddyism, or Dowieism, nothing but generations of time can affect the usual judgments of that slow plodding brain mass from which emanates that curious something called "public opinion."

Quackery has been so thoroughly and efficiently exposed of late that any words of mine at this time would be superfluous. It may not, however, be amiss to say that quackery if at all injurious to the profession, bears heaviest on the internist. When "The Distinguished Coterie of Scientists from Timbuctoo" enters a town it usually rakes in medical cases. When Dr. Philomel Phumbles' Favorite Sophistry or

his "Golden Method of Skinning the Uninitiated" appeals to the public it is generally the class of patients that fall to the internist that grasp at these miraculous methods.

There is another serious obstacle standing in the way of scientific medicine and inflicting injury upon those who might otherwise profit by rational therapeutics and here, too, perhaps the internist is most affected. Not enough attention has been given I think, to this evil. I allude to that large contingent of the Christian ministry who are apparently never so happy as when hanging a laudatory certificate of merit for ballast on the tail of some medical faker's kite. The supposed sacredness of the calling of these gentlemen, and the gift of plausibility possessed by some of them permits them to wield an influence from which their condition of semi-intelligence would otherwise bar them. There seems to be no way of reaching this evil. In a free country like ours, the privilege of a man to make a fool of himself need not necessitate the violation of any statute law, even though the enthusiast carry his essayed task to a fair completeness. We can only hope that these self-appointed assistant hoot-owls of quackery may some day reap the full harvest of what they have sown. Since these gentlemen have evidently more reverence for ecclesiastical, than for moral power, it is strange that they do not fear that somewhere, sometime there may be some omnipotent dignitary, some "Curser General of the Universe" that will deal out to them that strict justice their conduct deserves.

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## DISCUSSION.

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DR MINNIE:

I am highly pleased with the doctor's paper. Just one fault,—that is the small hospital. I have had experience in both the large and small hospitals. If I had to be operated on I would take the small hospital. Why not? twenty-five years ago when I landed in Topeka, we had the only semblance of a hospital in the State of Kansas. I do not know that there was another one. Today you can hardly go to a town of any importance, but what there is a hospital. When we see the work done there we are astounded. You see work that cannot be done any better in any hospital or in any city of the Union.

Last Saturday I went to Clay Center. They brought in a case of appendicitis. The room was perfectly clean, everything in perfect order, the patient operated on and did nicely. Twenty-five years ago, they would run all over the country to do that. Why should they do so? Why should there not be this ability at home? The same brain, the same patient operated on, the same knowledge to be learned. Now, we have been having to go to the large hospitals of the great cities where they experiment. We of the small hospitals get the benefit of those large hospitals, and we get the results. I am glad to see that Kansas is in the forefront with the small hospital; it is the great dependence of the mass of the people today.



DR. DAVIS:

I have always felt interested in listening to any discussion with reference to internal medicine, for you are dealing with a very vague, ill-defined subject. The votaries of internal medicine are not able to tell what are the limits or what are the particular lines which bound them from the rest of the profession. Internal medicine, it would seem after listening to papers like this, is a constantly increasingly attenuated residue of what is left after the specialists have taken all that they wish. It is all right for the general practitioner to consider and speculate upon the effects along this line, but aside from this sort of contemplative retrospective and introspective state of mind, very little is left for him to practice upon. Of course there are certain diseases that have long been conceded to him, but these are being snatched from his hands. Typhoid fever, which was long considered to be a medical disease, properly belonging to an internist, is now being considered a surgical disease. Nervous diseases have all been taken by the man who wants them more. Internal medicine has finally come to be that part of the general medical calling which has to deal with prevention of disease, and even the surgeons who elect can see along that line as much as the general practitioner can accomplish. After all the profession of medicine has come to be resolved into surgeons and assistant surgeons. We all know who the surgeons are; they are the fellows that get the money. They get the fees; and under this head I would place those sub branches that have to do with the mechanical and operative measures, whether it be the bigger surgery, or surgery of some of the sub organs. The assistant surgeons are those who take things to the surgeons; and the general profession of medicine has become resolved, I say, and some of the internists have come to be those who act as a sort of bureau of information and registration to refer us to the proper place where their patients may be sent, and the patients themselves have, as a result of a long line of training in this direction, come to be able to find their way alone to the proper places where they may be relieved, and thus the poor internist is deprived of the one remaining honor and privilege of being the means of leading them to the most competent and ablest agent for their recovery.

Now, I am not speaking in any offensive sense. I do not blame the surgeon, I do not blame the specialist for taking these things. Many of us do, sooner or later, become surgeons. The general tendency of the general practitioner is to get out of the general line of practice as soon as possible. Take up surgery-cut things out. There is something definite in surgery; there is something that inspires us. Results are always the most desirable, the most striking features of any person's worth, as Professor Carruth says, and medicine gives the most tangible signs of good work,—and surgery is properly after the brightest results. The natural temptation for the young man is to rush into some specialty at the earliest possible moment, leaving the theoretical branches of medicine half worked out. The profession is losing men who would study, and become good internists, and medicine for that reason is perhaps being thrown into discredit.

We have very few men who write text-books who give us any hope for therapeutic results. It is important that internists take up the fight, claim their own, take a more emphatic position, and make more emphatic investigations along the line of therapeutic results, and insist that they have no need to go to the surgeon.

DR. HOXIE:

Erb of Heidelberg has said that internal medicine is composed nine-tenths of the practice of medicine, and he reserved the right to use any patient in all the great hospitals of the University, even to take them from the neuropathic or the surgical wards. All cases in his opinion belonged to internal medicine. I think the internist has himself to blame if the future is going to be as dark for us as Doctor Latta has portrayed. First, we have not done as has been advised by a late writer in New York City; we have not



operated on cases upon which we even though internists could operate. I think we have as much right to use the knife as to use drugs, or anything that belongs within the scope of our skill. We must be allowed I think, the right to determine whether we can or cannot do the patient good.

Second, internal medicine today is being taken up largely by osteopaths, christian scientists and others. That is, we have been neglecting the external and physiologic methods of treatment, and until internists wake up and use massage, electricity, and such methods, I think internal medicine will go the downward way. We believe, at the University, that the internist, to be well trained, must be able to handle all these various methods of treatment,—even the knife. If you will read the last Bulletin of the Johns Hopkins Hospital, you will find that every student of medicine there is trained in the laboratory for experimental surgery. We here also believe that every man who goes through the University of Kansas should be trained in the surgery on the cadaver and animals, in massage, in electro-therapeutics, in hydro-therapeutics, etc. If a man specializes afterwards, he specializes on top of that. We can just as well go through with the internist at the head of the procession as not.

DR. MITCHELL:

I would like to second what Doctor Hoxie said. Somebody spoke to me before this meeting began, and said the American Medical Association would meet in Boston the first week in June, and at the same time the christian scientists would dedicate a four million dollar temple in Boston. I said that was an outrageous thing. Internists are largely responsible for this because they are not taking up and looking after their people as much as the christian scientists are. They are not taking into consideration the mental condition of the people; are not looking after the general health, using massage, and all these things that have the mental effect on the people. These are things internists must look after, or the business will be taken away from them.

DR. BADGEL:

I would like to say one word to dispel the gloom. It does not seem to me we ought to look upon our calling as second to anything. The fact is, it is first. We are the ones that are called when a human being first comes into the world. If we are properly equipped, properly educated, and perform our duties at that time as we should, we will gain a place in that family, that no surgeon, no osteopath, no christian scientist, can take away from us. The place we lose out in is those mortal diseases that will be with us as long as time. As long as we are mortal, as long as death claims the victory in the end, we will have these quacks and christian scientists,—and surgeons.

DR. HUGHES:

I have some few words to say in regard to this. After twenty-one years of observation in the eastern end of the state, where surgery is pretty well represented, after running a medical college there in the past fifteen or twenty years we find great difficulty in securing good internists. The field is still unoccupied. I am absolutely sure that an internist who is not eager to make money at the start, can make for himself in a few years an enviable reputation.

DR. LATTI: (closing)

In writing that paper I had no intention of painting it so black. If I had been writing on the good features I could have written a very good paper. I have been much more interested in the discussion of the paper than I was in anything in the paper itself. There is a bright side to internal medicine. If my paper didn't produce that impression I must have left it out. There is a dark side to internal medicine; there are difficulties which stand in the way of the prosecution of internal medicine as compared with surgery. There is nothing new in christian science, yet somehow pretty much every one of these fads had some medical truth, and if you will go back and study

them, you will find that they owe all that is good in them to scientific medicine. There are difficulties in our way. I do not believe it is due to the fact that we are neglecting anything.

## ACUTE EPIDEMIC JAUNDICE.\*

### With report of cases.

H. H. ROSS, M. D.

Sterling, Kansas.

The writer's vain search for literature upon this subject, when confronted with the treatment of the malady is the excuse offered for the presentation of a paper before this society upon so rare a subject.

During the autumn months of 1905, there occurred in our little city of 2200 population, a local epidemic of jaundice, resulting in thirty or more cases. A similar epidemic is reported about 1895 in the same locality, which occurred at the same time of year, resulting in possibly fifteen or twenty cases.

While this may not be considered an important subject in its relation to the ordinary practitioner, still its course may cause grave fears in the mind of physician and family, and literature leaves one almost wholly in the dark as to an outline to follow.

Frereichs of Berlin, in his work on diseases of the liver, describes a number of epidemics. He gives the onset as usually with a chill, with perhaps gastric disturbances followed by fever of a remittent or intermittent type, varying in the different epidemics. In some epidemics the fever assumed the tertian, and in one the double tertian type, while in another, fever was absent. Jaundice was not a universal symptom. Of five pregnant women who took the disease, three aborted, two of whom were attacked on the third day after delivery, with fever, which was accompanied by delirium and coma and terminated fatally. In some of the epidemics described, children were principally affected, and again they were exempt. Some epidemics were quite fatal and others were of a mild character. He states that the anatomical cause is very imperfectly known, and hence the determination of the mode of production of this symptom remains uncertain. In one epidemic, the post mortem findings showed remarkable enlargement and softening of the spleen, with congestion of the liver. In another, in addition to the above, there was abundant accumulation of black pigment in the spleen and blood, also in other organs, especially the liver, which in most cases was softened and had the greater number of its capillary vessels filled with this pigment. Delirium,

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convulsions, and coma were frequently met with, in cases with, as well as those without bilious symptoms. In two epidemics which ran their course without fever, the symptoms were those of catarrh of the stomach and bowels accompanied by light colored stools, and seemed to be examples of simple catarrhal jaundice, differing only in their extensive prevalence.

The Journal of the American Medical Association of Sept. 3, 1904, gives an abstract of a paper given before the British Medical Association by Dr. Sandwith of Cairo, Egypt, who describes "infectious jaundice" as an acute infectious disease, sometimes epidemic during the summer months; characterized by fever, jaundice, enlarged liver and spleen, nephritis and some nervous symptoms. In Smyrna it has been endemic since 1837, and in Alexandria certainly since 1870. Prof. Weil of Heidelberg has published four cases, and since then several others have been recorded in Germany. Small epidemics have occurred in England, the United States and China. He gives men as the most frequent victims between the ages of twenty and thirty, and during the summer months. No microbe has been discovered but analogy points to the fact that it is insect borne. After an incubation period of one or two days, there is usually a fever of sudden onset with a distinct rigor, the temperature rising to 102 to 104 degrees, with general malaise and vomiting. Jaundice appears about the third or fourth day with enlargement and tenderness of the liver; and spleen, and albuminuria, after which the fever usually subsides. The nervous symptoms are: headache, giddiness, and sleeplessness, muscular pains, especially at the nape of the neck and in the calves, are intense during the first stage and are increased by pressure, forming a useful diagnostic sign. There is usually epigastric pain, traceable to the liver, constipation is the rule, but in severe cases there may be diarrhoea. During the jaundice, the stools are clay-colored. Hemorrhage from the mucuous surfaces, especially epistaxis may occur. The urine contains albumin and bile. The mortality in Alexandria is 32 per cent. At the post mortem, fatty degeneration of the liver and petechiae on the serous and mucous surfaces are found.

Following is a brief description of a few of the cases met with in the epidemic at Sterling last fall.

Case 1.—Mrs. N——Female, age 22, housewife, was nursing her three-months old child. Had prodromal symptoms of indisposition for a day or two, followed by a chill, daily for several days with temperature of about 99½ to 100 in the morning, and 102 in the afternoon; headache and aching over entire body, weakness and lassitude, nausea, vomiting, indigestion, coated tongue, loss of appetite, bitter taste. Jaundice appeared about the third or fourth day, and later became quite marked. The stools were pale. The liver was found to be enormously enlarged, extending well to the left of median



line, and down into the right iliac fossa. Nausea was excited by palpation of the liver, which was very tender. The spleen was also enlarged and tender. There was slight edema of the extremities. After about a week the temperature receded about one-half degree each day till it became normal, and the jaundice gradually faded. The child was placed on artificial food when the jaundice appeared, and so maintained till the symptoms subsided. The liver was quite slow in attaining its normal size, still being quite large after two months following the attack. A urinalysis showed slight albuminuria.

The treatment consisted of quinine, phosphate of soda and during convalescence of tonics. There was complete recovery.

Case 2.-N—Male, age 35, teacher. Indisposition for a couple of days, followed by chill, and fever, nausea, vomiting, loss of appetite, aching, and general malaise; jaundice appeared on second day after chill, and was marked for a week or more. Work in the schoolroom was resumed after only three or four days, and convalescence followed.

Case 3. - B—Male, age 40, teacher. Symptoms and course about as case two.

Case 4.-A—Female, age 20, student. Symptoms about as in cases two and three but liver enlarged and tender, jaundice more marked and convalescence slower.

(Cases two, three, and four were all from the college, and occurred within ten days of each other.)

Case 5.-J. E.—Male, age 10, school boy. Gave a history of poor health, with stomach trouble for several years.

Had been complaining for about a week, and was sent home from school sick, having vomited and had a chill. Complained of aching and soreness all over, and of headache, loss of appetite, temperature of 100 to 101½. Jaundice appeared about second or third day following chill. Liver enlarged and tender, spleen enlarged. The urine was scanty, and contained quite an amount of bile, but no sugar or albumin. The stools were pale. The urine was free from bile after about a week, and the jaundice disappeared after about two weeks. Liver remained enlarged for about a month.

Treatment,—Quinine, phosphate of soda, diuretics, and later tonics containing iron. Results: Complete recovery with better health than he had enjoyed for several years.

The following cases were reported through the courtesy of Dr. M. Trueheart.

Case 6.-L—Male, age 10 years.

Onset with a chill followed by temperature of 103 to 104, loss of appetite, vomiting, jaundice on second day. Urinalysis on third day showed scanty urine with small amount of albumin. Edema of extremities. Slight enlargement of liver. This condition continued for about three days, followed by a gradual decline of symptoms and recovery.

Case 7.-L—Male, age 12, brother of case one. Symptoms similar, but fever ran about one degree lower. No urinalysis, scanty urine. Recovery.

Case 8.-M—Female, age 12. Headache, loss of appetite, nausea, jaundice, temperature of 102½. Seen only once. No urinalysis.

Case 9.-Male, age 18 months. Seen but once, about sixth day of disease. Was slightly jaundiced. No appetite, cross, temperature 103 in the axilla. No satisfactory physical examination. No urinalysis. Duration about ten days. Recovery.

Treatment—Diuretics and phosphate of soda.

The following cases were reported by Dr. W. E. Currie.

Case 10.-John C.—Male, age 13 years. Had slight indisposition for a week, followed by jaundice, and considerable enlargement of liver. Also had disturbance of vision. Temperature about 100 degrees for two weeks. Complained of weakness and headache for about four weeks.



Treatment—calomel, phosphate of soda and strychnine.

Case 11.—Glenn A.—Male, age 9. Was jaundiced for two weeks with temperature of 99 degrees, then followed with typhoid fever with temperature ranging from 102 to 103 degrees, a typical case of typhoid fever. Two other members of family having typhoid at same time.

Case 12.—Harold S.—Male, age two years. Jaundiced after a week of indisposition. Slight enlargement of liver. Jaundice deepened for four or five days. Clay-colored stools, and obstinate constipation. Urinalysis showed slight albuminuria and scanty urine. Temperature was 99, or below except on alternate days, when it would rise to 103 or 104 degrees for two or three hours. Patient died third week of disease with uremic symptoms.

Case 13.—E. S.—Female, age 15, sister of number 12. Complained of headache and nausea for several days, followed by jaundice and heavily coated tongue and obstinate constipation, slow pulse, temperature 99 to 100 degrees. Symptoms lasted about three weeks, followed by recovery.

Case 14.—W. W.—Male aged 12. Nausea and vomiting for a week, with fever, constipation, headache, drowsiness, loss of appetite, slow pulse, enlarged liver and intense jaundice.

Case 15. Brother, aged 10, followed with a similar attack.

Case 16.—H. B.—Male, age 5. On October 20, was taken with a mild attack of scarlet fever. In second week glands of the neck enlarged, followed by temperature of 102 to 103 degrees, which continued for some time. On November 20 the liver was found to be enlarged and preceding this digestive disturbances occurred, with complaint of pains all over, and especially over the epigastrium. The stools were pale. Urinalysis showed no albuminuria. There was slight jaundice. Patient died December 1.

In the cases described, none was a hospital patient, and the data is not full in all circumstances. Some of the patients were seen but once, and quite a number who were affected by the disease were not seen by a physician at any time. Of the two who died, no post mortem could be obtained. The one was complicated by a previous attack of scarlet fever. The other had no complications that could be noted, aside from the jaundice. All the cases but two, occurred in Oct. and Nov., one occurring in September, and one the first of December.

As will be seen children were most affected. The ages of adults ranged as follows:—one 40, one 35, one 22, one 20. Then the most numerous, seemed to be about the ages of nine to thirteen years. One was two years, and one eighteen months.

Of the cases cited, twelve were males, and five were females.

There were quite a number of cases, which had the same train of symptoms, aside from the jaundice, which probably had the same trouble, but in which positive diagnosis was not made.

**BRAIN TUMOR.\*****Report of a Case.**

W. S. LINDSAY, M. D.

Dean of the Kansas Medical College, superintendent of Christ's Hospital Cottages,  
Topeka, Kansas.

In presenting this paper for your consideration today, I desire to continue a subject which I brought to the notice of this society at the Lawrence meeting three years ago.

The fascination of brain surgery along with cerebral localization has enlisted many workers in this field, and the result is that the diagnosis and removal of a brain tumor is now accomplished without renown. My excuse for taking your time to hear about my case is that it demonstrates some limitations in our knowledge of brain function and hence the difficulties in the way of successful operation in these cases.

Last July a man aged forty-six was brought to Christ's Hospital complaining of recurring pain in the head and with such restlessness as to unfit him for work. The history showed that about three years previously the man had been kicked by a horse on the right fronto-parietal region leaving a slight roughness of the skull over this part. There was great evidence of hysteria in the case, paresthesia, desire for sympathy and general instability of character.

Palliative and antispasmodic treatment was instituted and after a few weeks the patient was sent home slightly improved. In September he was brought back to the hospital in greatly disturbed condition. There were times of incoherency with a desire to wander off, requiring constant attendance. Close observation revealed flushings of the face frequently recurring and followed by talkativeness. The pain was now less, but the patient frequently put his hand to the seat of the old injury, and when asked about it would reply that there seemed to be something crawling about there. It seemed so apparent that there was irritation at that point, that an operation was advised although the roughness of the bone and subjective symptoms were the only means of localization.

The operation was done by Drs. McClintock and Bowen, and consisted of two trephine openings connected by rongeur exposing the dura over a space one inch and a quarter by three quarters of an inch. There was no appreciable bulging of membranes, no mark of injury on the inner surface of the bone and no adhesions.

Two days after this operation the patient seemed much clearer in mind and said that his head felt better than it had for many months.

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\*Read before the Kansas Medical Society at Topeka, May 7, 8, 9, 1906.

The wound healed without infection, but the patient did not continue to improve in mind.

On September 10, a chill occurred coincident with pain in right lung area of chest. Following this, great mental disturbance occurred which continued about two weeks when coma supervened and the patient died.

A post-mortem examination was made, showing a tumor nearly spherical in form about two inches in diameter situated in the right hemisphere external to the posterior portion of the motor area and imbedded below the cortex. A patch of necrotic tissue on the tumor marked the seat of an abscess about as large as a hazel nut. The tumor was easily turned out of its cavity within the brain, having to attachment thereto. The lungs were normal. The report of the pathologist shows that the tumor was a round cell sarcoma.

The lesson I learn from this is that in this location in the brain, it is possible to have practical destruction of a large portion of the brain without symptoms leading to a diagnosis. You will note that in the symptoms mentioned, there was no asteriognosis.

We see from the location of this tumor-posterior and inferior to the right motor area,—that we have a portion of brain, whose function is too indefinite to make localization possible.

Since writing the above, and with the lesson it teaches clear in my mind, I have had another case quite like the one described, except that there was no history of injury, and being unable to locate the tumor I found it as before, at the post mortem, in exactly the same location.

(For the discussion, see the September Journal.)

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### POST GRADUATE WORK IN EUROPE.\*

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J. E. HUNT, M. D.,  
Atchison, Kansas.

To the ambitious man, and the man to whom the theory of medicine has attractions, the question must, sooner or later, arise as to where he should do his post-graduate work. If the financial element be not a too serious one, all who have experience will agree with me that the choice must fall upon some one of the European medical centers. And further, where the time is limited, to say, three or four months, Vienna will probably offer more inducements than any other. Just why this is so is quite apparent to me on the ground,—the University of Vienna has a medical faculty and a corps of assistants inferior to none: the hospitals are all within a very small radius and finally the opportunities

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\*Read before the Kansas Medical Society at Topeka, May 7, 8, 9, 1906.

for actual, and consequently practical work are unlimited. At least I was made to believe that such were the conditions, and so, late in the month of February last, I found myself, together with my wife, very comfortably established in a "Pension" within about five minutes walk of two of the largest hospitals.

Americanism and American studentism is the same the world over. And if one wishes for the proof of this statement, let him step into the Cafe Klinik on Spitalgasse just across from the great Krankenhaus in Vienna and note his reception. No notice taken of him? Not at all, in fact before he is hardly in the door, some one or two arise from their coffee, and putting out good American hands, introduce themselves and ask if they can be of any assistance. My experience was such at least for at about five o'clock I entered the Cafe, and walked up to a table, which was very near the door and around which sat six Americans. Noting me as a stranger, one of them introduced himself, and then introduced me to the others; and in less than five minutes I had booked in for two courses which were just being made up for the month of March, and from here one of the men took me to his Pension to look at a room which he thought would be desirable. I found it so, and the next day we moved in. And this fellowship extends throughout the entire life in Vienna. To one who has been away from his college and hospital for some years the student life in Vienna takes him back to the old days and makes him feel that time has not been as hard on him as he had thought.

Reaching the city late in the preceding month, I was able to get in the March courses without any difficulty; but had I delayed until the first they would all have been full and as a result, I would have had a month of public clinics and sight-seeing.

It matters not into what line of work a man wishes to go, there is plenty of material and there are able men to instruct. Personally, I registered in the department of pediatrics and this in its varied branches together with some general courses, kept my time well occupied. There were few drones, even among the Americans, for it costs too much to go to Vienna to loaf. In fact, there was oftentime much rivalry apparent in certain courses particularly amongst the eye and ear men, somewhat similar to that portrayed in Aesop's fable of the dog in the manger. But no great harm seemed to result; and altogether everything was very harmonious and certainly it took but a few days for one to feel at home.

The attitude of the professors and their assistants to the American students, was one of extreme cordiality, A certain degree of fellowship existed which greatly benefited the work, and I believe it to be true that



there is no school where transient students are so well treated and where their wishes are catered to as in Vienna.

The attitude of the students towards the instructors might be illustrated by the following story, with an occasional exception introduced. Two other men and myself were working in Prof. Lorenz' clinic between the hours of five and eight p. m. and it occasionally happened that for a few minutes before the "herd" were allowed to enter the rooms we would have a sociable smoke and a story or two. Well, it happened on one of these occasions that one of our number, being of the daring and thrifty temperament, produced a watch with a roulette on its back. Its idea and advantages he explained to the instructor who had some loose change in his pockets, and he decided to increase it by this very simple device. But after some ten minutes of play the watch had been paid for and the assistant remarked, "You Americans are great gamblers." But whether this be a fair illustration of the attitude of the students towards the teachers or not, it does show that the Americans are accepted freely and at their own valuation. Later on I heard that the instructor had purchased a similar watch.

Specialism is the keynote of all work in Vienna and accounts for the great success of the men employed there. They argue and rightly too, that no man is capable of occupying the whole domain of medicine; consequently, if he be above the average he must specialize. And these same men spend their entire lives in branches much narrower than we are accustomed to, which in itself, speaks for proficiency. The student going there reaps the advantages derived from their proficiency in the specialties.

Before passing on to the clinical facilities of London, I wish to say a few words concerning the American Medical Society of Vienna. During this last spring there was an enrolled membership of eighty-six including of course all branches and admitting any English speaking student. The meetings are held bi-monthly in the Cafe Senator and at each one of these meetings a "principal speaker" is arranged for. He is always one of the professors, or a first assistant, and the lecture is usually illustrated. In this way the student body is kept together and a personal interest is maintained between students and teachers.

Before going to London I received very conflicting advice regarding the contemplated change. But I felt that I wanted to see a little of the English methods and particularly of their treatment; since the Germans are notoriously weak when it comes to practical therapeutics. So with a certain feeling of doubt, we made a very comfortable and pleasant journey to London, and I entered the "Hospital for Sick Children" on Great Ormond Street. The work there was just what I wanted, and

I found the men as pleasant as Englishmen know how to be. I soon learned why I had received disparaging advice regarding the place. First, there are very few American students in London, and the hospitals are so scattered, that these few are rarely seen. Hence it is impossible for any "atmosphere" to be established. But after all is said, London is a lonesome place to work in. It is not necessary for me to mention the names of the men there, for they are "big" men and you are as familiar with their names and writings as I am. But there is one thing that I will say that was very prominent in the conversations of these men and that was the continual flow of unkind remarks concerning the work of their Scottish associates in Edinburgh, and of their American colleagues on our side of the water. And to say these same things before American men, seemed to me to be only another illustration of English tact.

Take it all in all, I consider that the four months spent in study in Vienna and London, were extremely profitable ones and together with the sightseeing in Italy, Nuremberg, Heidelberg, Holland, and Scotland, as a means of broadening my horizon, made the trip one never to be forgotten and one I would advise every man to make if he would learn more not only of medicine, but of his fellow men.

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At the Editor's request, Dr. Hunt has submitted the following statement of cost and similar details in which Journal readers will be interested.

As to cost—Sailing from Boston to Genoa and return from Liverpool \$90.00 each way Courses—10 in course—regularly cost \$10.00 for four to five weeks, daily instruction. If the course is taken alone, the cost is much greater, depending upon the bargain you are able to make. Living expenses, including room, meals, fire, and bath, about \$50.00 a month. (It cost me something over \$100.00 a month for myself and wife.)

My work was done partly in German, and partly in English. I would advise a man to take all the courses given by professors he can get, provided they are limited to the usual number, six or ten. However this is a hard matter, as such courses are only given 2 to 3 times a year.

The position of assistant to the instructors there, is of course very desirable, but these places are usually obtained for those who will agree to stay at least six months. But in some of the medical clinics, such a position is not possible until a man has been there a year.

## THE MEDICAL TREATMENT OF DISEASES OF THE GALL BLADDER AND BILIARY TRACTS.\*

D. I. MAGGARD, M. D.  
Wichita, Kansas.

To the surgeon, of late years, has fallen the treatment of the majority of cases of disease of the gall bladder and biliary tracts. This would not be the fact, had acute cases been recognized early, and medical treatment instituted. Many cases would have been benefited, and many completely cured by medical treatment, and thus so much surgical intervention would not have been necessary later on.

Acute catarrhal jaundice, usually yields readily and quickly to treatment. As this form of jaundice is a gastro-duodenal catarrh, we should direct our first treatment towards the exciting cause, and open the intestinal tract with small broken doses of calomel and soda and follow this by a mild saline:—while the gastro-intestinal symptoms exist, keep the patient warm and in bed. Since the absorption of fat is greatly reduced, do away with those articles of food which contain much of it. Skimmed milk containing 1% of fat is better than ordinary milk. If nausea exists, do away with the feeding entirely. For the thirst, allow your patient to have lemonade, Vichy, and Apollinaris waters. Gastric irritation may be allayed by warm draughts of water containing bicarbonate of soda, and by placing some counter-irritant over the region of the stomach. The bowels should be kept open by calomel, one grain at bed time, or one dram of sodium phosphate, two or three times a day. For the internal fermentation which may take place, give small doses of beta-naphthol, resorcin, or salol. Colonic flushings at 50–60° F. will often stimulate the ducts to contraction, thereby helping to expel the mucus which blocks their lumen. This mucus sometimes becomes so inspissated that its passage along the inflamed ducts causes pain very similar to biliary colic, and will need small doses of morphine to relieve it. Hot fomentations over the gall bladder are at times very helpful in relieving the pain.

For the pruritus which sometimes accompanies this form of jaundice, hot alkaline baths, diaphoresis, sponging with a 1–40 solution of carbolic acid or a 1–2% solution of salicylic acid will usually give relief.

In those cases which become chronic, treat the same as the acute, by light diet, exercise, bowels open, etc.

During convalescence, put your patient on the bitter tonics; *tr. nux vomicae*, *gentian*, and with these include dilute nitro-hydrochloric acid.

\*Read before the Kansas Medical Society at Topeka May 7, 8, 9, 1906.



In Weil's disease, keep the patient in bed, until the temperature is normal. Give intestinal antiseptics,—calomel, salol, beta-naphthol, and encourage the drinking of water.

For icterus neonatorum, give fractional doses of calomel, and keep the infant warm.

As the general medical treatment of cholecystitis and cholelithiasis is the same, with the exception that one is carried somewhat further than the other, I will consider them together, and classify the treatment as by Rolleston.

1. To prevent stagnation of bile.
2. To prevent occurrence of catarrhal inflammation of bladder and ducts.
3. To remove catarrhal inflammation when it has appeared.
4. To attempt to dissolve and remove calculi from bladder and ducts.

As we know that stagnation of bile favors infection with a subsequent cholecystitis or cholelithiasis, we should endeavor to prevent the stagnation. Exercise should be taken regularly. This for the vigorous includes horseback riding, cycling, golf, tennis, rowing, etc. For those who are not vigorous, walks are of great benefit. Very active exercise is contraindicated where there is constant pain over the gall bladder or a history of frequent colic. When it is impossible for the patient to get out of doors, deep respirations are of great value in increasing the movement of the diaphragm and liver, thus tending to prevent a stagnation of the bile. Massage of the abdominal muscles will in some cases give tone to the lax muscles, and increase the flow of the bile. Where there is an enteroptosis following pregnancy, massage will be of benefit. Do not massage over the gall bladder when there is a history of calculi. The wearing of very tight clothing interferes with the action of the diaphragm and liver. This may be one of the reasons why cholecystitis and gall stones are more prevalent in women.

When food leaves the stomach and enters the duodenum, there is a driving out of the bile from the gall bladder into the intestine. It is a self evident fact, then, that meals at shorter intervals will be of more benefit in preventing the stagnation of bile than those at longer intervals.

Water should be taken in copious quantities, preferably before meals and on an empty stomach. To it may be added a little phosphate of soda. Its action is complex, but it does dilute and give more bile. Thus the ducts are bathed more and the irritation reduced. Vichy and Carlsbad waters may be taken if preferred. The water should not be drunk in too large draughts, or exceedingly hot, as it might produce an acute dilation of the stomach.

The cholagogues, ether, turpentine, rhubarb, senna, etc., are, strictly speaking, not cholagogues. These drugs will at the time increase



the action of the ducts, but there is no increase in the amount of bile excreted. Salicylate of soda and bile itself are the drugs which will increase the excretion of the bile.

The salicylate of soda not only increases the flow of bile, but by acting as an intestinal antiseptic, tends to reduce the inflammatory condition existing in the duodenum. It should be given in ten grain doses, and combined with an equal amount of bicarbonate of soda. Probably one of the best ways to increase the excretion is to give the salicylate with very liberal quantities of alkaline waters.

Iodide of potassium is said to be efficacious in increasing the bile, but it is of doubtful value. It may though, be beneficial by increasing the mucous secretion from the walls of the ducts themselves, thus increasing the amount of fluid passing through the tract and reducing the inflammation of the ducts.

We know that indigestion, gastritis, and constipation, all predispose to catarrhal inflammation of the duodenum and this catarrhal condition may easily extend into the biliary tract. Our treatment should then be directed towards the correction of these troubles. The food should be nutritious, easily digested and assimilated. The teeth should be examined and put into good condition. The food should be thoroughly masticated, and eaten slowly. Worry and anxiety are frequent causes of dyspepsia, with following gastro-duodenal catarrh; for this reason, place your patient's mind at rest, get his thoughts from himself and his business cares. For the constipation, give Carlsbad salts, or phosphate of soda in a little warm water before breakfast, and advise a little exercise immediately following the ingestion of the drug.

In those cases where you have a catarrhal condition already existing, it should be your object to remove the catarrh, for calculi are liable to be formed where there is an existing cholecystitis. Experiments have shown, that when calculi are placed in a healthy gall bladder, they are dissolved by the bile acids, but not when a cholecystitis is present. The drugs which were used to prevent catarrhal inflammation may be used here to remove it. Give those which keep the bowels open and those which increase the flow of the bile. Avoid the use of drastic purgatives, as they in themselves are capable of setting up an inflammatory condition of the bowels.

The abdomen should be kept warm so as to avoid bringing on a chill. For the pain and tenderness over the liver, put on hot fomentations or hot packs.

The biliary colic, which we are called upon to treat, has as its best remedy, morphine. It not only deadens the sensibility to pain, but relaxes the existing spasm to a certain degree. The drug should be given

hypodermatically, as the stomach may reject all drugs given by it, and, as the absorption from the rectum is too slow. Chloroform by inhalation may be used as a relief, but its effect is only temporary. It may, however, be given until you get the beneficial results from your morphine. Hot baths and hot packs will also be valuable assistants to morphine.

The syncope that sometimes attends biliary colic, is best treated by atropine, strychnine, normal salt solution and brandy. Ether is a valuable heart stimulant and should be injected deeply when given hypodermatically so as to prevent the severe pain which it produces when injected superficially.

There are many drugs which are said to dissolve gall stones, but they are all fallacies; for no drug taken by mouth will dissolve them. There are some, however, which might assist in the passage of calculi from the ducts. The ancient remedy of ether and turpentine probably acted by the antispasmodic action of the ether and the expulsive action of the turpentine, but there was no direct action upon the calculi. Olive oil, the remedy used by so many is of very little value. It will dissolve the calculi outside the body, but there is no evidence of such a result when taken internally. A calculus lodged in the orifice of the common duct might be dissolved by the action of the oil. Many remarkable cures where the passage of calculi is attributed to olive oil consist simply of the oil digested and altered so that the product resembles softened gall stones. As the bile acids are actual dissolvers of cholesterin any increase in the bile acids would tend towards dissolving the calculi. Bile acids are produced in great quantities by proteid foods, and because of this, authors advise the giving of meats to those under treatment for cholelithiasis. The more bile that passes over the calculi, the more they will come in contact with the bile acids and to increase the flow of bile we give salicylate of soda or bile itself. As cholecystitis is always present in cholelithiasis, the inflammation of the gall bladder must be reduced before there will be any action toward dissolving the calculi as is shown by the experiment of introducing gall stones into a healthy, and into an infected bladder. The attempts to remove calculi by massage, turpentine, ether, etc., are of doubtful utility, especially so when the calculi are within the gall bladder. If it were possible for us to diagnose the calculus in the common duct, as one soft and easily moulded then massage and purgatives might be of some use, but not being able to tell of its consistency, massage might be used with subsequent rupture of the duct or bladder with a resulting lethal issue to our patient.

The diet in case of cholecystitis should be that mentioned under the prevention of stagnation of the bile; light, bland, and nutritious. For cholelithiasis we may add the proteids. Liquors, champagne,

whiskey, beer and strong alcohols should be avoided. A little light wine may be indulged in occasionally.

Medical treatment will be of no avail in any case of cholelithiasis nor in many cases of catarrhal jaundice and cholecystitis, and then the question of surgical intervention becomes necessary. Many of them are allowed to run so long, that when the surgeon is finally called, he finds things unfavorable for his success.

Our patients who have attacks of colic in the interval are not free from pain; they are tender over the liver; they have the tongue furred, temperature ranging from 99-100° F. When after a short medical treatment these show no improvement, call your surgeon and allow him to drain the affected bladder and ducts. After he has finished his work, again start your medical treatment so that you may correct the faulty metabolism which existed before the operation, and thus prevent a recurrence of the former trouble, (even though the percentage of failures is very small). Change the patient's life, if it be sedentary to one of activity. Be sure that he gets plenty of water to produce plenty of bile.

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### DISCUSSION.

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DR. HOXIE:

These two papers, I think, are of great importance to us at this time, especially the first, in that it brings to an acute phase the discussion, as to when surgeons should be brought in. Dr. Maggard says a good deal of surgery can be avoided if we begin treatment of hepatic cases early. This is undoubtedly true. But the fact is, we do not get these cases early enough to treat them so as to avoid surgical interference. Usually when such cases come to us they come because of some secondary symptoms such as headache, gastric trouble, indigestion, or even pains of biliary colic, and at that time the process has gone on so long that medical treatment is of questionable importance. The cases cited by Dr. Maggard are undoubtedly those where the troubles are in the first place to be traced to some sort of stasis in the upper intestine. Therefore the treatment must be directed toward clearing that intestine, and preventing fermentation and other opportunity for bacilli or bacteria, of any sort to pass back into the duct. Then the second indication is that the surfaces are more or less inflamed. They should be washed as much as possible by antiseptic fluids. This is to be obtained by massage. Mechanical vibration has undoubtedly proven itself able to produce a more active flow of bile. Salicylic acid increases not only the flow of the bile, but is also antiseptic, therefore its presence in the bile duct helps to sterilize those surfaces.

Unfortunately for some of the lines of treatment laid down by Dr. Maggard, many of the patients suffering from these troubles are women who cannot take care of themselves in the way we would like. It would probably be necessary, therefore, for us to substitute passive instead of active exercise, and it is for the medical profession to find out a treatment which does not provide too violent activity on the part of the patient herself.

I remember one case I had, one particularly subject to headache and intestinal pains, a case undoubtedly of years standing. She refused operation. I obtained good results by giving pancreatin and ox-gall, and using mechanical vibration. This would,



keep the patient in good condition for six months after discontinuance of treatment. then the patient would do something that would bring her back into the old condition

In another case there was a bi-weekly headache, which was undoubtedly due to cholecystitis. By using the course of treatment outlined by Dr. Maggard we could relieve the worst symptoms, but when we stopped treatment, the old condition would return. Nothing would permanently relieve that case except surgical intervention.

One place where Dr. Maggard's line of treatment is especially valuable is after typhoid. I think most relapses of typhoid are due to infection of the bile ducts, and there Dr. Maggard's treatment is fully indicated.

I want to say just a word about the other paper. I think that it illustrates the need of more careful diagnosis. I fancy if we knew more of the characteristics of the disease discussed by Dr. Ross, we would re-name it, because we should have found it due to a parasite. We can theorize and say there are two possibilities; one, that there is a germ of some sort in the liver and bile ducts, that excrete toxins which when absorbed by the blood destroy the corpuscles, and the other theory would be that the germs themselves are absorbed. At any rate I think the indications we have now are that when the people of Sterling get the next attack of this epidemic (for it seems endemic), that they make a microscopic examination of the blood, feces, and urine, and if necessary make cultures for organized ferments.

This will afford us an important addition to the literature of the disease. I for one am grateful to Dr. Ross for collecting these case histories, and bringing them before us at this time.

DR. LUTZ:

Epidemic icterus among medical writers is not clear,—we call it icterus or toxic icterus, on account of the toxin absorbed in the blood. You will find, I believe, the red corpuscles destroyed; you will find as Dr. Hoxie has indicated, a parasite is at work. When you examine the liver you find a fatty degeneration of that organ. Sometimes the kidney is affected along the same lines; producing uremic conditions. I have examined icterus conditions of this kind. In making blood examinations we found the red blood corpuscles destroyed, therefore the enlargement of the spleen; also the liver was very much (fatty) degenerated; the symptoms in the urine, (being diminished and loaded with a brown massy condition), shows plainly that a parasite is at work. A parasite is at work at certain times of the year, when the climatic conditions favor its activity. About eight years ago when I was in Indianapolis acting as Major Surgeon in the K. P., one afternoon it was real hot and then turned suddenly cold. Several of the men were in line for six or eight hours marching. We had an epidemic icterus there. It showed itself the next day. Some of these cases came back to our neighborhood. We found the liver was enlarged for a long time. It shows there must have been a parasite at work.

Speaking of the treatment of the gall bladder and the biliary passage—Dr. Maggard's paper. There is one point I did not hear mentioned:—that sodium phosphate, especially Abilena Water has a very good effect.

Sodium salicylate acts also as an intestinal antiseptic, and works beautifully.

Now about the disease occurring mostly in women; it is due to tight lacing. If you teach them to wear their corsets loose, and with shoulder-straps, it will overcome that.

DR. MURDOCK:

I have been very much interested in this paper, especially from the standpoint of jaundice. It seems to me the proposition resolves itself into this: that of making a proper diagnosis. I do not have anything to offer in the line of medication in cases of this kind, but here is a proposition: if you will consider the anatomical structure



of the biliary passage where they join themselves together and form a common duct, this common duct then before it enters into the duodenum meets the pancreatic duct. It seems here is a fruitful point to study. Where this common duct passes through the pancreas, any obstruction will produce jaundice which will last for several days and then subside without any treatment.

So far as medical treatment of gall stones is concerned, I do not believe you can absorb gall stones from the bladder by any medicine. The future treatment of this will be surgical, the same as the treatment of the vermiform appendix. I believe that the future treatment of the gall bladder will be the same as it is for appendicitis.

DR. MITCHELL:

A couple of years ago I had a little experience with epidemic jaundice. I had two cases before it dawned upon me there that was anything more than ordinary, and I made no further examination than to pass casually over the case. When I came to the third case I commenced to think there was something common to them all. I think, as I remember the cases as I came to them, the temperature rose to 100 or 101, and the pulse very similar, with aching and jaundice, and there seemed to be no every other day higher temperature, and yet I suspected some parasitic condition. The third day I examined the blood and found broken down red corpuscles, but no parasite or germ. I examined the blood at three different times with similar results. The fourth time I took blood from the spleen. There I found the estivo-autumnal type of malarial parasite, and I placed the patient on the usual treatment, and the patient recovered. I had three cases following these. With one case I found the malarial parasite. At about the same time I had a case of an infant. The second day the temperature rose to 103°. The mother's temperature was 100° to 101°. The third or fourth day a very marked jaundice appeared in the infant. The temperature rose to 104° or 105°—I think probably that was the fifth day. I think on the seventh day it went to 107°, rectal temperature. An older physician was called in, a man that has not been doing much recent study however, but who had had twenty or thirty years experience. He says to me: "Doctor, I believe you have malaria here," and going on his suggestion we used quinine and lard, and we rubbed it over the patient's abdomen, and made no examination of the blood in this case. The temperature rose to 108° or 108½°, rectal temperature. The child died. In that week I had two other infant cases similar, who recovered. I commenced immediately by putting the mother on quinine treatment, and using quinine externally on the infants. I believe in a great many cases of this jaundice if the blood is taken from the spleen, you will find the cause. In five adults, four of them the spleen was very much enlarged, and the liver was enlarged in each case.

DR. STERRETT:

I have been very much impressed by two features connected with Dr. Ross's paper on jaundice. One is the time of year, another is constipation; these cases occurring in the fall, after the patient has gone through warm weather and having digested large quantities of cold fluids, lemonade, ice water, and possibly something else, which naturally produce one of two things, either diarrhea, or constipation. Now theoretically, I can see how absorption would take place into the blood; the constipation backing up the faecal matter an absorpition from this produces a toxic affection. Two factors are usually present; a large quantity of cold fluid, and the absorption of deleterious substances from this faecal matter. The treatment, I would just say, outlined in the paper was very wisely given. The treatment would be one promoting elimination from all of the organs,—the kidneys, and also the bowels.

DR. BLAISDEL:

In the discussion of this treatment of the biliary passages, there was one thing

I have been expecting some one to mention, and that is giving the ox-gall. We have as Dr. Murdock said, a peculiar anatomical condition there, the junction of the duct, with the pancreatic, and where we have an affection of the common duct, we are bound to have an obstruction of the pancreatic fluid. It seems to me in treating these conditions, that along with the ox-gall we should provide pancreatin, because our patients are deprived of this digestive principle.

I believe there is no medical treatment, as Dr. Murdock said, for gall stones. Dr. Hoxie spoke of two cases he had that run on year in and year out, I believe for a long time. I think those cases were suitable cases for the surgeon.

DR. TRUSLER:

I had a patient with a long history of cholecystitis. It came to me, and after treating it for some time and suggesting an operation, varied on the part of the patient by a good deal of prayer and tears, in my absence from home it drifted into the hands of an eclectic, and the patient almost immediately recovered, and now for a year and a half has been apparently entirely free from the disease. Now whether there was anything in the medical treatment or not, I don't know, it may have just been a coincidence. I have seen a few other cases in my vicinity that pointed a little in the same direction. I had very little opportunity to know what the treatment was in these different cases, but I saw enough of them afterwards, that led me to believe that there might be something in medical treatment of this disease. I have experimented quite a little bit in my life, and I am fully satisfied that discorea is a far better anodyne than morphine in these cases, and that the sodas have a very beneficial effect.

Of course these classes of cases which come under the head of jaundice are so varied and wide that they can hardly be classed together. What would be good for one, would be diametrically opposite to what would be beneficial to another. But taking these cases of cholecystitis, it seems to me there is something to be done in the way of a cure in the medicinal way. I have treated a number of these cases, and they no longer are troubled with these symptoms. They very likely have some stones in the gall bladder still, but the cystitis disappeared, and when there is a slight appearance, by giving wild yam, the patient goes along without any very great inconvenience.

DR. GLASCOCK:

Quite a number of years ago, I saw a man that ate some tainted fish. He had a very decided infection of the gall bladder and gall ducts, but recovered afterwards. That undoubtedly was due to infection. I have no idea that you can dissolve gall stones after they are formed. A stone does not produce any trouble unless it becomes engaged in the gall duct. I remember as a medical student, we examined a man in the laboratory, and in his gall bladder he had seven hundred and sixty stones, and so far as the history came he had no trouble from it. I saw a case about twelve years ago, a gentleman sixty-seven years of age, who had a very pronounced jaundice. We discussed operating, but considered it unwise to do so on account of his physical condition. At the end of four months the stone passed, and the man recovered. He has had one attack of biliary colic since. We know in a great many cases of gall-stones if the stone passes through the duct, the patients sometimes have recurrences of the jaundice and some times they have not. Of course there are a good many cases of gall stones where the stones dig into the duct and it is necessary to do a surgical operation to relieve them. This man I referred to would have been very much better if he had had the gall stone removed. It demonstrates how great an effort nature may make to throw them off. There is nothing that will dissolve them, but they sometimes pass through and the patients have no further trouble. What I did in that case was to use antiseptics. I used pancreatin and ox-gall, and a little quinine and kept the bowels in good condition as I could under the circumstances. The patient got along reasonably well.

DR. MAGGARD: (Closing).

Doctor Hoxie suggested vibration. It simply increases the action of the liver; as respiration will do. Do deep breathing.

Speaking of the cholecystitis being more prevalent in women; we know constipation, predisposes to catarrh, and women are naturally lazy in attending to the calls of nature, constipation, perhaps, has a great deal to do with it.

Speaking of cholecystitis being common in typhoid, we might carry out the treatment throughout the disease, for prophylaxis, giving something to prevent the stagnation.

To Dr. Lutz: Sodium sulphate, I think, acts about the same as any of the sodium preparations.

To Dr. Murdock: that jaundice comes from pancreatitis must be true, but you can reduce the inflammatory condition. Of course the attempt to dissolve the stones is of a doubtful value. The medical treatment in very many cases of gall stones would be of no avail. As we have said, often times a stone is passed; often times they give no symptoms of gall stones. I think something like ten per cent give symptoms of gall stones. If you have a passage of a stone it is an indication there are other stones somewhere in the biliary tract and the passage of each stone of any size must be attended by biliary colic. If there are stones the opening and draining of the gall bladder is the only thing to be done.

**Deadly Hesitancy.**—Someone says: "The woman who hesitates is lost." How about the doctor who hesitates? In our student days we once witnessed an accident. Some men were moving a house when it settled down a few inches, pinning a man underneath it so as to compress his chest. The mass was raised and the man withdrawn, moaning pitifully with pain and oppression in the chest. An old doctor came along, one who had never seen a medical college but absorbed his art while working for and with a preceptor. He never hesitated, but at once inserted his lancet and started the blood. In a few minutes the injured man began to breathe easier, and murmured "What a relief." We marveled, being unable to see the indication for venesection then, or for many a day thereafter.—(Selected.)

**Febrile Toxemia.** In the lime light of truth in nature, it were very difficult to find an intelligently observing practitioner today whose convictions are not in perfect accord with the established fact that fevers are but a manifestation of toxemia. True, the toxicosis differs in different cases due to the different nature of the poison producing it.

Different types and kinds of fevers depend upon different kinds and degrees of toxemias. To bring this fact home, let me ask: Is there anyone who has ever witnessed a death from pneumonia or typhoid fever or any other kind of fever, that—aside from hemorrhage—did not present all the evidence of profound toxemia. To what else can be ascribed the combined train of symptoms—the high temperature with a foul tongue, the distended, tympanitic or drum belly, the sub-sultus tendinum; the delirium, the coma, etc.,—if not to toxemia?—(Selected.)



### FROM THE EDITOR'S DESK.

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**The Vacation is over** and your editor is again at his desk. He would express his thanks to Dr. Emley for taking charge of the August issue and for helping with that for September. Only those who have had the experience can know how much it means to look after the getting out of even a small journal like ours. The editor appreciates however, the work done by his associates and commends them to the grateful remembrance of his colleagues.

**The Iowa Medical Journal** has been taken over by the Iowa State Society. Dr. Dorr continues as editor and Geo. C. Newman as advertising manager. We in Kansas are glad to welcome another official journal. The society owned journal is now beyond the stage of experiment.

**The St. Louis Medical and Surgical Journal** is lending itself beautiful to the forces now fighting public health and happiness. The editor is attacking Collier's Weekly, and supporting the headache cures which are being thrown in at the front doors of our patients. The Journal hopes that its readers have too much sense to be led astray by the illogical statements found in the reprints lately sent to all doctors whose names are in the directory. Some one pays the bill. Surely it cannot be "Ohmann-Dumesnil."

**Dr. Carstens of Detroit** has raised the point that much of the present opposition to the American Medical Association is due to the personal selfishness of patent medicine men and others whose interests are endangered by the organization of the profession; but that this opposition is possible only because of the ignorance of the rank and file of our association as to the exact conditions on which the American Medical Association is being run. It is called a trust because the people who call it so do not know what the wheels within the wheels really are. In reply to Dr. Carstens, the president of the board of trustees gives us some facts which are interesting and which should have been published long ago. We name one—the secretary-editor of the American Medical Association receives a salary of \$10,000; and, the chairman of the organization committee, Dr. McCormack, receives a salary of \$5,000 a year. These positions deserve these salaries. These salaries insure us against the necessity for graft on the part of the incumbents of these positions. We need to follow the same line of action in Kansas if we are to have a successful organization. We must make it worth while for our officers to do thoroughly their work.



**The papers on Nervous and Mental Diseases** in the September **Journal** all had this refrain: "If mental and nervous diseases are to be cured at all, they must be recognized and treated early." Now, it is the opinion of your editor that we are in a position in Kansas to heed the teachings of these our best thinkers along this line. We have two state hospitals crowded with chronic patients; we have a home for epileptics filled with chronic patients; and something must be done in the way of increasing the capacity of the state institutions. Now, instead of building more asylums for the chronics, why would it not be profitable for the state; and even more for the health of the people to train our students of medicine and young physicians to recognize the early stages of insanity, and treat them? In other words, why would it not be profitable for the state to establish a university clinic such as Kraepelin and his school find absolutely necessary for the teaching of psychiatry? Certainly, to spend money for more asylums is not prophylaxis at all. It may be necessary to do it; but, if it is necessary, that necessity is secondary to the necessity to train the family physicians to recognize insanity in its early stages. If the state therefore, will provide for the schools of medicine in the state the opportunity to study early cases of insanity, it will be taking the first step toward preventing an increase in the number and toward ultimately emptying our asylums. This opportunity for teaching can be provided at a relatively small expense, if we could have at Rosedale, for instance, a building for caring for, say, one hundred patients suffering from nervous and mental diseases and let the students of the State university study and work with these cases. Your editor confesses that, because he is the head of the clinical department of the school of medicine, he may be prejudiced in this matter in favor of his own institution: but, he believes that if there is a will to carry out this principle, there certainly will be found a way; so, that no slight could be put upon the students of the Kansas Medical College. At any rate, we physicians have a right to demand that we be given an opportunity to study insanity at closer range than thro the pages of a text-book, or from the lips of a lecturer, no matter how competent.

**The Medical Brief** has "worked" several of the Kansas City doctors to give it papers. We are sorry to notice that some members of the faculty of the University of Kansas are in the group. A woman is the agent, and she makes such an appeal to the doctor's sympathy that he forgets the record of the Medical Brief as the opponent of medical organization,—thinks he will be advertised by it,—and sends in his story.

**The Packers, the Private Car Lines, and the People.**—There are always two sides to a subject, and we have been hearing very much from the side which is denouncing the "beef trust." Now Mr. J. Ogden Armour comes out with a book on the subject in which he traces the development of the packing business and shows its effect on the development of the Middle West. We hope that every thinking Kansan—and especially every Kansas physician—will read the book or at least the articles as they appeared in the *Saturday Evening Post*; because they show how half truths are very easily distorted into lies. No doubt, as Mr. Armour shows, the packers have made the cattle business successful and legitimate. No doubt also, the private refrigerator car lines have made possible truck gardening and fruit growing in remote parts of the country. No doubt, we are indebted to the Armour's, et al, for most of the delicacies in the way of fresh meats and fruits which we of this generation esteem almost necessities. No doubt, that much of the threatened legislation is malicious in intent and mischievous in promise. Nevertheless, many reforms were necessary: the very power obtained by the packing interests tempted (sometimes beyond the power of resistance) covetous and mean men who happened to be in control to do things not for the very best good of the greatest number; the conditions of the packing-houses, endurable for small affairs, became positively nuisances when the magnitude of the enterprise was multiplied a thousand fold. Hence the cry for help from those who suffered. It was a cry for revenge—but, it should have been the cry for regulations and control. The *Journal* printed in its April issue the criticism on the Chicago packing houses made by the great and powerful London *Lancet*. The statement of the *Lancet* should have been heeded, and the sanitation of the packing house improved. Instead of that, the opposing interests found it possible to combine such charges of endangering the public health with those of forcing out of business legitimate competitors, and the public conscience became aroused. It is to be hoped that the agitation will proceed and grow until enlightenment of the public really occurs. Then, this and similar corporate power will be put under the supervision and control of representatives of the people, and, we shall have advanced one step further toward real democracy and socialism. Public utilities must be controlled, even if not owned and managed, by the people. This has been the slogan of Kansas in the past and there is even greater need now for Kansans to awake and free themselves from corporation control. The packers have produced many by-products for us physicians—but, such by-products will be better—and greater additions to their number will be produced if the organized industry of which they are the outgrowth be kept carefully within bounds. A

good tree must be pruned and dressed if we wish it to bring forth more fruit—and not to run riot to a useless luxuriance of foliage.

**School Book Trust:** The interesting revelation made on Labor Day that an agent of the American Book Company had been appointed to a state commission to choose text books for our public schools ought to stir up every doctor to watch out for the school work of his town. The fact also that a member of the school board of Kansas City, Kansas, goes to the coast as an agent for the same company ought also to interest us. There is, we fear, too much graft in this matter of the schools.

**Saline County Objects.** We have received from Saline County the following letter anent newspaper notoriety.

I think Dr. Tiffany's advertisement in the Kansas City paper, to which you referred in the September Journal, is very mild when compared with the enclosed advertisement of a number of Topeka doctors, and as this is not the "first offense" of these same doctors, I think a little publicity of the article would open their eyes to the fact that their mode of advertising is flagrant quackery, and is not approved of by the profession.

Although the article will take up considerable space in the Journal, I am convinced that it will be for the best interests of the profession to have it published in our state paper.

We reproduce on another page the clipping from the Topeka Capital referred to in the above. We trust that our Topeka brethren will not again offend the state of their colleagues in the golden belt. Your editor, however, has had his name unwittingly in the papers and sympathizes with others in like trouble.

**Dr. Sexton is dead.** Dr. M. P. Sexton died at St. Luke's Hospital, Denver, of September 4, of uremic coma. He had never fully recovered from the paralysis of a few years ago, but was in fair health and the news of his death came with surprise to us all. We quote the following from a Bonner Springs paper.

Dr. M. P. Sexton was born March 30, 1857, in Boone county, Missouri. He attended a country school and as soon as old enough worked in his father's mills, filling every post in the operation of its machinery. He was an insatiable reader, and devoted himself to all books that were accessible. He began reading Shakespeare when he was 10 years old; he acquired language readily and frequently expressed his thoughts in verse. He received his higher literary education in the University of Missouri, taking an elective course in the academic department. He then took up the study of medicine in the medical department of the same institution and graduated in 1880. He afterward added to his profession knowledge by taking clinical and hospital training at various times in St. Louis and New York.

He began practice in Centralia, in 1880, afterward removing to Callaway County, where he was engaged for eight years. He then removed to New York, where he occupied a position on the medical staff of Mount Sinai hospital. In 1890, while so engaged,



he was elected assistant physician in the Missouri Hospital for the Insane, at Fulton, performing service as such until 1892, when he located at Kansas City, devoting his attention particularly to mental and nervous diseases, a department of medical science in which his training was thorough.

In 1894 he organized a stock company and established the Bonner Springs Sanitarium for the treatment of mental and nervous diseases. Of this institution he was elected superintendent and president of the managing company.

He held the position as professor of nervous and mental diseases in the College of Physicians and Surgeons, and for one year held the same position in the Woman's Medical College. He was a member of the Kansas City Academy of Medicine, the Kansas City District Medical Society, the Wyandotte County Medical Society, the Kansas State Medical Society and the American Medical Association. He was an acknowledged authority in all matters pertaining to his specialty in the profession, and his papers upon such subjects, read before medical bodies, and appearing in professional journals commanded the utmost respect.

Dr. Sexton was a commandery member in Masonry, and held membership with the Modern Woodmen and United Workmen.

Mr. Sexton was married March 27, 1884 to Miss Fanny Townsend, daughter of the late Hon. Eli Townsend, for many years mayor of Fulton, Mo, and a leading citizen of Callaway County. Two children were born to this union, Stella, wife of Prof. Max Meyer, of the University of Missouri, and living in Columbia, and Charles Eli Sexton a senior at Central High School, Kansas City. These, with the devoted wife, survive him.

There will be no change in the management of the Sanitarium, as Dr. H. C. Hays will continue at its head as superintendent.

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**The Next Meeting of the Mississippi Valley Medical Association** will be held at Hot Springs, Arkansas, November 6, 7, and 8th, under the presidency of Dr. J. H. Carstens, of Detroit, Mich. The annual addresses will be delivered by Dr. Frank Parsons Norbury, Jacksonville, Ill., in Medicine; and by Dr. Florus F. Lawrence, of Columbus, Ohio, in Surgery. Dr. Norbury has chosen for the subject of his address, "Clinical Psychology," and Dr. Lawrence will discuss in his address, "Surgical Principles and Theories." In addition to these addresses there will be the annual address of the President, Dr. Carstens. Communications regarding papers should be addressed to the secretary, Dr. Henry E. Tuley, 111 W. Kentucky street, Louisville, Kentucky. Elaborate arrangements have been made by the local profession of Hot Springs to entertain the visiting doctors and their wives, the meeting being held at one of the largest hotels, which will be especially opened in advance of the season to accommodate the association. A cordial invitation is extended to every physician in the Valley to attend this meeting for which a large number of interesting and valuable papers have been promised.





## CORRESPONDENCE.

## Newspaper Notoriety.

*To the Editor:*

At the June meeting of our County Medical Society, we discussed the matter of free newspaper advertising that so many of us get from time to time. After a spirited discussion, it was decided to instruct our secretary, Dr. Martin to write a circular letter to all the editors in the county, explaining our situation, and asking them to keep our names out of the papers in connection with things medical or surgical. The circular letter was duly sent to the editors, but I fear it was not made strong enough. I see no improvement in conditions. Since that time there have been some very effusive write-ups. I quote the following from the Fredonia Daily Herald, June 23d, '06.

Dr.——— of —— performed a surgical operation yesterday that is considerably out of the ordinary, and is said by Fredonia physicians to be the most remarkable of its kind in local surgery at least. Mrs.———, a widow living——— was operated on for gallstones and twelve stones of odd shapes and sizes were successfully removed. Many people have had gallstones removed but few if any one before Mrs.——— ever had as many as twelve removed at one time."

Now the physician who did the above work, advocated most strongly the regulation of newspaper advertising, and his name appearing in connection with the above must be very distasteful to him as it is to the other physicians of this vicinity. It is as bad as some of the paid ads of famous "Specialists," in some of our nearby cities.

This morning a copy of the Chanute Daily Tribune of August 13th, was received by me in which the following appeared:

The Tribune man called at the office of Dr. J. C. Lardner this morning and found that he has added to his equipment until he has now one of the handsomest roller cabinets with all its attachments, to treat diseases of a chronic nature and many cases which have heretofore been neglected for want of adequate equipment.

The doctor spoke of his disappointment in many cases where he had treated along the line of rational medicine and felt that it was necessary to do something other than to merely use measures that would, at the best, give only temporary relief. Many patients had consulted with him, who afterwards submitted to a surgical operation entailing loss of months of time and the expenditure of several hundred dollars with no benefit other than being thankful that they had survived the ordeal.

"You must not consider me as being opposed to the use of the knife," the doctor continued, "for there are conditions that warrant surgical intervention. But every pain in the abdominal region is not a sign of a diseased appendix, nor an indication that some organ which is easily accessible should be removed in order to add to the list of operable cases.

"The professional man of to-day must be thoroughly equipped for his work. The lawyer must have a library costing hundreds of dollars. The physician must have up-

to-date appliances with which to do his work, and he must read the latest books and journals pertaining to his profession. He must not depend for his diagnosis upon the looks of the patient's tongue or the feel of his pulse."

The visitor was shown the static machine and its attachments, among them the X-Ray and high frequency, as well as several other attachments for giving treatment by means of static electricity. The roller cabinet is the latest and most approved apparatus for giving treatment by the administration of the galvanic and faradic currents. The rheostat gives perfect control of the current and the milliamperemeter measures accurately the amount of electricity which is being used at a treatment.

It would be interesting to anyone who has never seen the workings of the different electrical currents to give the doctor a call, as he is very proud of his new office and takes pleasure in showing its equipment to all.

By the beard of the prophets and the Saints of old, isn't that a good one? Could any one, could any of the one horse, foul smelling, good for nothing ignorant, quacks have gotten up a better ad. than this one? It will certainly make some of them green with envy. What are we going to do with such men as this? I for one am in favor of giving them good and sufficient warning, and then turn them out of our medical societies, and branding them so that all may know they are quacks and not reputable physicians.

Fraternally yours,

E. C. DUNCAN.

FREDONIA, KANSAS.

August 30, 1906.

#### Polk's Directory.

Dodge City, Kansas, Aug. 4., 1906.

To the Editor: The paragraphs on P. 345 Aug. No. of the Journal brings to mind the fact that the accuracy of Polk's Medical Directory has been challenged many times. and while some errors may be unavoidable and others pardonable there are mistakes for which no reasonable excuse can be made. While the edition of 1902 was in course of preparation I received a blank for information which I gave, and was surprised to find when the book was delivered that I had graduated at Cooper Medical College, San Francisco, instead of Northwestern College, Chicago. When giving information for the 1904 edition I called attention to the error, and requested greater care in the compilation. This time I got a little nearer home being credited to University Medical College, Kansas City. I am looking forward with much interest to the 1906 edition to learn what other college I shall have graduated from.

I knew personally a young man who started a little general store in a village in Pratt county, and for the convenience of his customers, there being no drug store the place carried "a few patents." He was at once, whether gravely or hilariously it is impossible to say, promoted by "Polk" to the rank of medical man, though he had made pretense to no medical qualifications whatever.

W. H. GRAVES.



### SOCIETY NEWS.

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**Douglas County Medical Society** met in Lawrence on Sept. 4, at 8 00. p. m. In the absence of President Naismith, Dr. B. H. Leslie was made president pro tem. There were present, Drs. Smith, Clark, Hamman, Emley, Chambers, Laslett, Owen, and Leslie, and a little later Dr. Keith came in. Resignation of E. J. Blair as secretary was accepted, (Dr. Blair has moved out of the state), and H. L. Chambers was elected secretary for the remainder of the year.

Dr. A. W. Clark read a paper on "Conservatism in the use of forceps" which provoked a discussion in which all present took active part—several taking two or three parts. We agreed in condemning the operators who injure the soft parts immediately behind the symphysis with forceps, and had some difference of opinion on every other point raised in this discussion.

Dr. E. Smith reported a case supposed to have been Gangrenous Dermatitis, and Dr. E. R. Keith reported one of probable Rabies in which the incubation period was over three months. Both cases had interest on account of their rarity in this region.

H. L. CHAMBERS, Secy.

**The Labette County Medical Society** met in regular session at the City Council Chamber in Parsons, August 15, 1906. at 9.00 p. m. Dr. L. B. Kackley filled the chair in the absence of the President and Vice-President. The Secretary being absent, Dr. O. S. Hubbard filled this place.

Dr. C. N. Petty and Dr. Ralph C. Henderson were unanimously elected to membership. A paper on "Infant Feeding," was read by Dr. Markham. A case report was appended. A short discussion by all the Doctors present followed. A paper on "Diphtheria with Report of Cases," was read by Dr. Barbe. All the Doctors present entered into the discussion.

The following physicians were present: Drs. Albert Smith, Barbe, Markham, Kackley, Brady, Heacock, Hubbard, Anderson, Kleiser and Painter.

A. L. SKOOG, Secy.

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### BOOK REVIEWS.

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The Prophylaxis and Treatment of Internal Diseases by F. Forchheimer, M. D., Professor of the Theory and practice of Medicine and clinical medicine in the Medical College of Ohio, the Department of Medicine of the University of Cincinnati. New York: D. Appleton & Co., 1906.



This is a new book, both apparently, and really, (so many books are merely compilations of old ones), therefore, it deserves more than passing notice. In the first place, it is the record or rather the result of some thirty years of active practice. It records Dr. Forchheimer's own opinions and usages rather than those of "standard" authors. In the next place, it is intended for the internist, rather than the specialist; and, affords him a positive rather than a negative advice as to what to do with his patients. Finally, it is written from the standpoint of an American to meet American conditions. The fact that Dr. Forchheimer studied abroad, adds to, rather than detracts from this last point because it insures the reader a broader perspective and a more correct foreshortening. He gives, for instance, in an appendix for reference a complete list of the food values of our foods and also a summary of the drug combinations noted in the body of the book. Dr. Forchheimer, of course, utilizes hydrotherapy and physiological therapeutics, but he puts them into a correct relation to other means of treatment.

Because of its personal character, the book touches lightly on many conditions with which the author has had apparently relatively small experience. We note in this connection that he does not give us much help about the after treatment of cerebro-spinal meningitis, when that disease has left a weakened or a partially paralyzed infant. So, also, is there a decided void on the treatment of trichomonas infection. The book can not take the place of our Osler nor of our texts on diagnosis: but, it will find a hearty welcome by the side of such standards. It is supplementary rather than substitutional in its character. G. H. H.

A Compend of Pharmacy by F. E. Stewart, M. D., Ph. G., Associate editor of the *Therapeutic Gazette*, Philadelphia;—Based on Professor Remington's textbook of Pharmacy. Sixth edition, revised and enlarged. Philadelphia. P. Blakiston's Sons & Co., 1905. Price \$1.00.

This would be very helpful for those physicians who are not trained pharmacists; and, who, therefore need some compact reference work on their desks. However, the chief use of the book is to help students to pass their examinations,—and, for that it is well adapted.

A Compend of Materia Medica and Therapeutics and prescription writing with especial reference to the action of drugs, by Samuel O. L. Potter, M. D., M. R. C. P. Lond. Seventh Edition—Revised and Enlarged. Philadelphia: P. Blakiston's Sons & Co. 1906. Price \$1.00.

Dr. Potter is the author of the most comprehensive and probably most practical text-book on therapeutics; therefore, he is best fitted to write a compend. But therapeutics is a matter in which we should be exceedingly chary about summarizing and generalizing. Its facts are not sufficiently numerous or complete to be put into small compass

without distortion of their relative values. Hence, in our opinion, this subject is one on which a compend should not be used—especially as a crutch in practice.

To illustrate, let us quote the statement found in this compend on the therapeutics of calcium: "Lime water is used in the summer vomiting of children and is added to their milk when the latter is not well retained. Chalk mixture is prescribed in the diarrhoea of children with sour-smelling water stools. In diphtheria and croup, the vapors of slaking lime or lime water spray are often very servicable. Lime liniment is a good application for burns. The syrup of lime is an antidote to phenol and oxalic acid." This would be all Greek to a man who had not had a good course in Pharmacology and Therapeutics and who had not digested his knowledge thoroughly. What an ass a practitioner would make of himself if he should attempt to learn his therapeutics out of a compend!

### REAL ESTATE DELUSIONS.

*To the Editor:*

I enclose some humbug advertisements from one Wm. Ostrander. I have had some dealings with him, and know that he is a grafter of first class order. I would like to warn my medical brethren through our Journal to steer clear of this man's schemes; for every dollar of their hard earned fees which they place in his hands will be lost.

The Medical World has onferred a great favor to the medical profession by its exposition of this man's smooth schemes to filch money out of the pockets of physicians, and I wish the Kansas Medical Journal would join him in the good work.

Yours truly,

H. M. OCHILTREE.

Mr. Osttrander's letter is apparently a circular and reads as follows:

Sept. 5th, 1906.

MR. H. M. OCHILTREE,

Haddam, Kansas.

Dear Sir:—

Some time ago you listed a property with this house for sale, paying a retaining fee. The property has been continuously advertised, descriptions of it have been sent to representatives and possible buyers in all parts of the United States, and a steady and systematic effort to find a buyer has been made, but without success.

Although you doubtless realize that the amount you paid does not cover the expense we have devoted to advertising and offering the property, you probably feel disappointed because your expenditure has not brought about the sale.

Now we do not want you to remain dissatisfied with your dealing with this house.

We want every client to be a satisfied client.

Therefore, although we have not profited by our transaction with you, we now offer you another opportunity to get back full value for your former outlay.

The enclosed certificate, if presented at this office within the time specified thereon will be accepted as cash when applied on the purchase of one or more lots in Lincoln, New Jersey. The balance of the purchase price may be paid in easy monthly instalments. The present price of the Lincoln lots is \$135.00 each. Not one of these lots will be sold for a dollar less than the regular price, excepting as herein provided.

The enclosed circular will tell you all about Lincoln, New York's City's model industrial suburb. Lincoln is only twenty-eight miles from New York City, and connected with the great metropolis by two great railroads and a trolley line. With the opening of the two great tunnels connecting New York City with the Jersey shore real estate values at Lincoln will advance by leaps and bounds. In short, an investment in Lincoln property must prove immensely profitable.

Consider this investment compared with the paltry three per cent, allowed you by Savings Banks and Trust Companies.

Understand that this certificate of credit will be accepted as a first payment on one of these lots. You may pay the balance of the purchase price in easy instalments of \$5.00 per month, on each lot.

This concession is genuine and gives you an opportunity to secure an extremely high-grade investment at a discount that others will not enjoy.

Read carefully the enclosed circular. It tells about Lincoln.

Your acceptance of this concession does not release us from our agreement to keep everlastingly at it, until we sell your property.

The property will remain on our lists and efforts to find a buyer for it will continue, until successful.

Please send your reply in the enclosed return envelope, so that your letter will receive personal attention.

Yours, very truly,

W. M. OSTRANDER,  
President.

The circular gives the usual glowing account of the property at Lincoln,—on which we have no doubt Mr. Ostrander is making his boasted 900%. We commend Dr. Ochiltree's good judgement in not taking what is so palpably bait.—Editor.

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### STATE BOARD QUESTIONS.

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May 1 and 2, 1906.

#### Pathology.

T. E. RAINES, M. D., CONCORDIA.

1. What pathological conditions do we have in gonorrhoeal ophthalmia?
2. Describe the structural changes that take place in the spinal cord in Locomotor ataxia.
3. Describe the early symptoms after occlusion of the popliteal artery by an embolus or thrombus.
4. Give the pathology and diagnosis of acute and chronic pericarditis.

5. Give pathology and diagnosis of each: scarlet fever, pneumonia and pertussis.
6. Give the pathology of acute and chronic endocarditis.
7. Describe the usual pathologic lesions in diabetes mellitus.
8. Give the pathologic and bacteriologic characteristics of tetanus.
9. What are the anatomical lesions of enterocolitis in children and of acute and chronic dysentery?
10. Describe tissue repair as exemplified in the healing of a skin wound with the loss of substance.

May 1 and 2, 1906.

### **Surgery.**

1. What are the best non-operative methods of reducing incarcerated inguinal and femoral herniae?
2. Describe the symptoms and physical signs of tuberculosis of the hip joint.
3. Give the mode of reduction of backward luxation of hip; i. e., forward luxation of shoulder, and backward and upward of the lower jaw.
4. Fracture of skull: (a) Why are fractures of skull slower in repair than other flat bones? (b) Which shows most rapidity in repair, outer or inner table? (c) Is callus greater or less than in other flat bones?
5. Describe the methods of reducing dislocations of the hip; i. e., Dorsal (a) Give the causes, pathology, symptoms, diagnosis. (b) Differentiate from intra-capsular fracture.
6. Give the classification of tumors conforming to the types of fully formed connective tissue.
7. Give in detail the preparation of a patient for trachelorrhaphy. Give technique of operation.
8. Describe Colles fracture. Give treatment, and differential diagnosis between that and dislocation of the wrist.
9. Give treatment of traumatic rupture of the urethra.
10. Give minute description and write one page on classification and treatment of burns.

May 1 and 2, 1906.

### **Regular Materia Medica and Therapeutics.**

G. F. JOHNSTON, M. D., LAKIN.

- Does the Pharmacopoeia differ from a dispensatory and how?  
 What are the physiological actions of the aromatic bitters?  
 What are the therapeutic uses of Cinchona and its alkaloids?  
 What are the therapeutic uses of iron?  
 What medicines are incompatible with the iodides?  
 What are the effects, uses and doses of calcium chloride?  
 What are the preparations and doses of belladonna and cannabis indica?  
 What medicines are incompatible with opium?  
 What are the medicinal uses of coca and its alkaloid?  
 What are cardiac sedatives? Name the principal ones.



**Regular Theory and Practice.**

C. E. LEWIS, M. D., HEPLER, KS.

- Cerebro spinal meningitis, etiology, prognosis and treatment.
- Acute articular rheumatism, diagnosis and treatment.
- Purpura, symptoms and treatment.
- Pneumonia, diagnosis and treatment.
- Sounds of the heart. How many and what sounds do we get in diseases of the heart?
- Addison's disease. Diagnosis and treatment.
- Tabes dorsalis. Anatomical characters and symptoms.
- Pyæmia. Anatomical characteristics, symptoms and treatment.
- St. Anthony's fire. Diagnosis and treatment.
- Diphtheria. Anatomical characters, treatment and sequellæ.

May 1 and 2, 1906.

**Physiology and Hygiene,**

F. P. HATFIELD, M. D., GRENOLA.

1. What are the functions of the capillaries? Where is lymph found?
2. Describe the phenomena of reflex action.
3. What are the phases of cardiac cycle? How long to complete it?
4. Into how many classes are food stuffs divided? Name them.
5. What is the action of bile on food? Describe bile pigment.
6. Describe the process of respiration. What is residual air.
7. What is colostrum? Describe and tell its action.
8. How is heat lost to the body? Give proportionate amount of each process.
9. What is meant by automatic action of the spinal cord? Give three examples.
10. What is the composition and character of urine?

**Hygiene.**

1. Give law necessary in preserving the health of the muscles and bones.
2. What can you say about the quantity of light allowed in the sick room?
3. What is the effect of too frequent eating? Give three reasons.
4. What food is best adapted to infancy? To old age?
5. In preserving health, what is of greater importance than warming the room?
6. What is the simplest mode of bathing the sick?
7. What is meant by reaction?
8. What is the predisposing cause of nervous diseases?
9. Is repetition necessary to make a durable impression on the mind? What is?
10. Give the hygiene of the secretory organs.

May 1 and 2, 1906.

**Homeopathic Materia Medica.**

D. P. COOK, M. D., CLAY CENTER.

Name four remedies that act markedly on the skin. On the blood. On bronchi.

Give the physiological action of sulphur.

Give mental and nervous symptoms of aconite and gelsemium.

Mention the organs or tissues affected by lillium tig., veratrum virid and plumbum.

Give the urinary symptoms of terebinth, ferrum phos, and lyco-podium.

Differentiate phytolacca, pachesis, and apis in diphtheria.

Name six remedies you would expect to use in acute diarrhoea and give three characteristic indications for one of them.

Give three essentials of a Homeopathic prescription.

Differentiate spigelia, magnesia, phos, and bell. in facial neuralgia.

Give laryngeal and tracheal symptoms of causticum, phosphorus and spongia.

**Eclectic Materia Medica.**

W. F. FLACK, LONGTON.

Give indication where you would use an acid and where would you use an alkali.

Give botanical description of aconite, its preparations and indications for its use.

Name five antiseptics, and give the indications for their use.

Give the indications for the use of santonin.

Give specific indications for the use of bryonia.

Give indications for the use of jaborandi.

Name five diuretics and give indications for their use.

Give the specific indication for the use of lobelia.

Give the indications for the use of pulsatilla, ergot, ustillago, maydis and black haw.

Give the treatment and antidotes for poisoning from laudanum, carbolic acid, rough on rats, atropine, coal tar products and strychnine.

May 1 and 2, 1906.

**Eclectic Theory and Practice.**

F. P. HATFIELD, M. D. GRENOLA.

1. Diagnose and treat a case of chronic cystitis.
2. What is meant by the specific indication of remedies?
3. Name six remedies you will use as antiseptics.
4. Diagnose and treat a case of chronic intermittent fever.
5. Diagnose and treat a case of anaemia. Differentiate from chlorosis.
6. Give your treatment for croup. Diagnose a case of croup.
7. Describe a case of acute bronchitis. Differentiate from pneumonia.
8. Treat a case of puerperal fever in its incipency.

9. What remedies do you use in reducing temperature? Give special indications for four such remedies.

10. When are carthartics indicated. Name three with their indications.

### **Chemistry any Toxicology.**

G. F. JOHNSTON, M. D., LAKIN.

What is atomic weight?

Give the equivalents in Troy weight of 1 gram, 1 kilogram. also in grams of 1 grain and 1 oz. Troy.

What are the compounds of Ca. with Cl., Br., and I?

What is nitro hydrochloric acid?

State the symptoms of acute poisoning by phosphorus.

How does CO. act as a poison?

When to a solution of lead salt potassium chromate is added what is formed?

What is an antidote for acute poisoning by Hg. Cl.<sub>2</sub>?

When oil of turpentine is treated with sulphuric acid what results?

How are blood and pus best detected in the urine?

May 1 and 2, 1906.

### **Oph., Otol., Rhin., and Med. Jurisp.**

T. E. RAINES, M. D., Secy., Concordia.

Differentiate iritis and glaucoma and give treatment of each.

Describe and give treatment in full of (a) phlyctenular keratitis.

(b) Interstitial keratitis, (c) perforating ulcer of the cornea, and possible sequella of the latter.

In a patient suffering from ear trouble how would you test his power of hearing?

Give the differential diagnosis between acute inflammation of the middle ear and mastoid.

Diagnose Menier's disease.

Give diagnosis and treatment of enlarged turbinates, adenoids and give differential diagnosis.

Differentiate between a benign and malignant growth of the nose.

In a Medico-legal sense what constitutes a dying declaration and what is necessary to make it evident in a court of justice, and how should it be taken?

Define idiocy, imbecility and cretinism.

### **Homeopathic Theory and Practice.**

May 1 and 2, 1906.

T. E. RAINES, M. D., CONCORDIA.

1. Differentiate narcotic poisoning, drunkenness, uraemia, and concussion.

2. Differential nervous dyspepsia, cardiac dyspnoea, and asthma.

3. Give the clinical signs or appearances, diagnostic of Typhoid fever, stating the approximate time of the appearance of each.

4. Differentiate diagnosis of renal hepatic colic and appendicitis.

5. Give the causes of orchitis, and treatment.
6. Give the symptoms and homeopathic treatment of sunstroke.
7. Give and differentiate diagnosis between scorbutus and purpura haemorrhagica, and give treatment of each.
8. Give the differential diagnosis between acute endo- and pericarditis, and give the principal causes of each.
9. Give the etiological factor, avenue of entrance, source of infection, mode of dissemination and preventative measures to be adopted in lobar pneumonia.
10. On what signs would you base a diagnosis of large left sided pleural effusion, without resorting to exploratory puncture? What is etiology of this disease?

May 1 and 2, 1906.

### **Anatomy and Histology.**

D. P. COOK, M. D., CLAY CENTER.

- Give the origin and distribution of the jugular veins.  
 Describe the cardiac circulation.  
 Give the names of the 10th nerve, also origin and distribution.  
 Describe the fetal circulation.  
 Name all the bones of the foot, beginning with the ankle.  
 Name the structures to be divided in operating for strangulation of an oblique inguinal hernia.  
 Give the histology of the heart.  
 Give the histology of the kidney.  
 Give the histology of the spinal cord.

### **Obstetrics and Gynecology.**

O. F. LEWIS, M. D., HEPLER.

- Write two pages on deformity of the pelvis.  
 Placenta previa: causes, symptoms, and treatment.  
 Puerperal eclampsia, premonitory symptoms of the attacks, and conditions between attacks.  
 Puerperal septicemia: give treatment in full.  
 Give the complications that you may have in the different presentations.  
 How would you treat a retained placenta at full term?  
 How would you treat a fibroid tumor of the uterus.  
 Give a number of complications that may follow confinements, and give treatment for them.  
 Write two pages on the use of the forceps.  
 Pelvic cellulitis: diagnosis and treatment.
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**Somnos.**—The Journal of the A. M. A. shows that this drug (put up by the H. K. Mulford Co.) is simply a solution of chloral hydrate and glycerin. It is really comparable in results to a 5% elixir of chloral hydrate. This is one of the first-fruits of the appointment of a Council of Pharmacy.



### ADDENDA.

**The Third District Society** will meet at Norton, Kansas, Thursday, November 15, 1906, at 10 A. M. The following is the program in part:  
Address by the President.....DR. S. C. PIGMAN, Concordia, Kan

Diseases of the Chest, { 1. Pleurisy.....DR. C. S. KINNY, Norcatur, Kan  
2. Bronchitis.....DR. M. R. SPESARD, Glen Elder, Kan  
3. Pneumonia.....DR. E. J. BECKMAN, Selden, Kan

The Proper Relation of the Physician with his Colleagues, DR. F. M. DAILY, Beloit, Kan  
Mastoiditis in Chronic Suppurative Otitis Media.....DR. WM. C. BANE, Denver, Colo  
Tubercular Prostatitis.....DR. N. J. SAUNDERS, Cawker City, Kan  
Late Phlebitis following clean Abdominal Operations. DR. W. W. GRANT, Denver, Colo  
A brief Discussion of the Back.....DR. L. H. MUNN, Topeka, Kan

The above physicians have selected their own subjects and all have promised to be present to read their papers.

W. F. SAWHILL, Sec'y.

**Medical Society of the Missouri Valley.**—The nineteenth annual meeting of this society was held at Council Bluffs, September 6 and 7, with an attendance of 125, Dr. Jno. E. Summers presiding. The program included twenty-five papers, and the discussions were most interesting and instructive. Among the guests at this meeting, who read papers, were Dr. Emil Reis, of Chicago; Dr. L. L. Uhls, superintendent of the State Hospital for Insane, Osawatomie, Kas.; Dr. Leo. M. Crafts, Minneapolis; Dr. Alfred Schalek, Omaha; Dr. E. W. Clark, president of the Iowa State Medical Society, who responded to the address of welcome given by Congressman Smith of Council Bluffs. The society was royally entertained by the local members at the street carnival, and given a reception at the Elks Club. Dr. O. Beverley Campbell, of St. Joseph, was unanimously chosen as president of the society for the ensuing year and other officers were elected as follows: Dr. F. W. Milroy, Omaha, first vice-president; Dr. C. O. Thienhaus, Milwaukee, second vice-president; Dr. Donald Macrae, Council Bluffs; treasurer (re-elected); Dr. Chas. Wood Fassett, St. Joseph, secretary (re-elected). The secretary's report showed the prosperous condition in which the society finds itself at the close of the year, having gained forty-four new members and losing but one. The annual Missouri Valley excursion to the A. M. A. was made a subject of special comment, and the secretary expressed the opinion that the next trip to Atlantic City would be even more enjoyable if possible, than the last. Following is a list of members admitted at this meeting: Robert R. Hollister, F. W. Lake, L. B. Bushman, Alfred Schalek, S. Cole Little, and C. W. Pollard, of Omaha; J. H. Gassan, Albert V. Hennessy, T. B. Lacy, Jr., John F. Sprink, of Council Bluffs; Halsey M. Lyle, Kansas City; William H. Chapman, Ingleside, Neb.; William H. Anderson, Dunlap, Ia.; J. N. Medill, Persia,

Ia.; J. R. Hallowbush, Rock Island, Ill.; James W. Lehan, Dunlap, Ia.; C. V. Artz, Hastings, Neb.; H. P. Duffield, Marshalltown, Ia.; Charles L. Mullins, Broken Bow, Neb.; W. R. Young, Ausley, Neb.; H. D. Spencer, Oakland, Ia.; W. F. Pierce, Carson, Ia.; L. L. Uhls, Osawatomie, Kans.

**Bromine Salts.**—Dr. Von Wyss of Zurich has just shown that bromine salts are not easily excreted from the system, but remain for weeks and months laid up in the blood and brain. He found that bromine salts drive out chlorine salts and that some of the symptoms of bromism are due to the poverty of the organism in chlorine. The reverse, (that chlorine salts drive out bromine salts) is not proven, but is rather doubtful. The bromine does not become compounded in any organ, but remains chiefly circulating in the blood. The kidneys have no special relation to the bromine-ion, but excrete the bromine without distinction.

**Notice to Medical Profession.**—At a meeting of the American Surgical Trade Association held in Philadelphia, June, 1906, it was resolved that after January 1st, 1907, the trade adopt the French scale for all catheters, bougies, and sounds.

A committee was appointed for the purpose of getting up a proper and accurate French scale card, and the same will be mailed to you.

Every physician will see the importance of this step as you are all acquainted with the annoyance of having catheters, bougies, and sounds, and other instruments marked in American, English or French numbers. You are requested from above date to use only the French scale in ordering such goods and when no scale is furnished orders will be filled by the French scale.

**Members of the Profession** are warned against the operations of one G. K. Simpson, who is fraudulently taking orders for "Surgery Gynecology and Obstetrics," published by the Surgical Publishing Company of Chicago and under the Managing Editorship of Franklin H. Martin, M. D. Many doctors have already been victimized by this man to the extent of paying cash for orders for the journal or giving him checks payable to his own order; and this notice is published in the interest of the profession and for the purpose of putting a stop to his further operations. Secretaries of local medical societies are requested to warn the members of their Societies against him.

**Assistant Physician Wanted.**—An examination will be held at the State Hospital for Epileptics, at Parsons, Kansas, on October 22, 1906, for the purpose of selecting a man for the position of second assistant physician in that institution. Salary \$900 per annum with quarters and board. For particulars apply to M. L. Perry, M. D., Superior Student, Parsons, Kansas.

**For Sale.** We have a small stock of drugs in Lincoln Co. Mo. for sale or trade. The stock will invoice about \$2000. There is a physician's practice goes with the stock. He has been 17 years building it up. This is a country town of 340 population. But a very good country, with prosperous farmers who own their farms. We thought you might know of some one who is looking for a location and if so, we believe it would be a good location for him. This doctor owns the building the stock is in, and a dwelling with three lots. He will dispose of all or will dispose of the stock and rent the building.

Anderson Co. Realty Co.,  
Garnett, Kansas.

**Wanted, a Doctor,-** at Bush City. Large Territory and good people, and small country. Our Doctor going to Topeka, to attend school, as he has not finished course, and look at location. Mo. Pacific, 9 miles south of Garnett, 8 west of Crutcher, 9 miles north of Kinkaid, 11 miles west of Welda. No drug store here.

**Wanted.**-An assistantship or good town location for a general practitioner.-J. H. D. No. 36, Journal.

There are several kinds of Lithia Salts found in numerous natural Lithia Waters entering into various makes of Lithia Tablets but there is only one

## *Alkalithia*

It is made in only one form, viz:

### **A GRANULAR EFFERVESCENT SALT.**

It is made only by (K. & M.).

It is advertised only to the profession in an ethical manner and its formula is published on each package.

It is prepared to meet just one clinical condition, **FAULTY ELIMINATION.**

It is the Ideal Renal Eliminant and it is immaterial, whether the case be one of Gout, Rheumatism, Nephritis, Migraine, Asthma, Eczema, Recurring Tonsillitis, Chorea, Albuminuria, Puerperal Eclampsia or Mania if there is imperfect elimination of the toxic products of faulty metabolism, **ALKALITHIA** is indicated and will render a prompt and pleasing service.

**KEASBEY & MATTISON COMPANY,**

**AMBLER, PA.**

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## ONE GOOD PIECE OF WORK.

A. HAGGART, M. D.,  
Ottawa Kansas.

Perhaps something of interest to the medical profession, and also the general reader will be found in the relation of legal proceedings in the courts of this country recently, growing out of the enforcement of the law against practitioners of medicine, without possessing the qualifications required. In another view it is of interest as showing the mistaken conception of many good citizens, who fail to understand that the provisions of the law are safeguards of the public health and welfare, instead of enactments to promote monopoly in the practice of medicine.

The State of Kansas has had for years past upon its statute books very elaborate laws concerning medical practice, and it will be necessary to allude as briefly as possible to such provisions as are involved in order to satisfactorily understand the application of the law to the facts hereafter stated in this communication.

In the first place there is provided a state board of health, consisting of nine physicians of at least seven years practice, of good moral character, graduates of some respectable medical college, a majority of said board are not to be of one school of medicine, and the term of office is three years, so arranged that one third of them retire annually unless re-appointed, by the governor, by and with the advice of the senate. This board has general supervision of the health interests of the state, and the county commissioners are local boards, who appoint a health officer resident physician who is ex-officio a member of the local board, and whose duties are prescribed; such state and local boards within the duties



provided, cover all questions of sanitation, epidemics, quarantines, statistics of health, record of deaths, etc.

In addition to the above mentioned board, there is provided by statute a state board of registration and examination, to regulate the practice of medicine, surgery, and osteopathy in the State of Kansas. This board is also appointed by the governor with the advice and consent of the senate, and is composed of seven members who shall have received the degree of doctor of medicine from some reputable medical college at least six years prior to their appointment, and the term of office is fixed at four years, and no one school shall have a majority of such board. It is to this board, that applications must be made by all persons intending to practice medicine, surgery or osteopathy, and which determines the qualifications necessary to practice medicine in Kansas. The requisite qualifications include generally a diploma of graduation in medicine or surgery, or an examination resulting in satisfaction of the board of the qualifications of the applicant, and thereupon a certificate is issued, which is equivalent to a license to practice. This does not apply to medical officers commissioned in the army, navy and marine service of the United States. The above named certificate is to be recorded in the office of the county clerk of the county.

The definition of the practice of medicine is defined in the statute, and is substantially: that any person shall be regarded as practicing medicine and surgery within the meaning of the law, who shall prescribe, or recommend for a fee, the use of any drug or medicine, or perform surgical operations for the cure or relief of injuries or disease of another person, or who uses the words or titles of Dr., or M. D., in connection with his name representing himself as a practitioner of medicine. The law is not to be construed as interfering with any religious beliefs in the treatment of disease, provided quarantine regulations relating to contagious diseases are not infringed. And it is further a part of the law among other exemptions, "Nor shall anything in this act apply to the administration of domestic medicines, nor to prohibit gratuitous services." The validity of the law has been decided heretofore by the Supreme Court of the state, and among intelligent people the necessity of such laws in general is acknowledged. The penalty attached to violation of the statute referred to is a fine of not less than fifty dollars, nor more than two hundred dollars, and such guilty party shall receive no compensation for services rendered, and it is made the duty of the secretary of the state board of registration and examination to see the act enforced.

This much as a prelude to the litigation had so far been in this county by a prosecution for a flagrant violation of the law above referred to.

According to the evidence and admissions of the defendant, one Joseph Huff for some twelve years past has held himself out as able to cure cancer, and during that time has used what he declared to be a combination of roots and herbs known only to himself, and to others who for compensation had procured his recipe, and that his services and treatment were not administered gratuitously, but on the contrary he had demanded and received liberal fees. Complaint against Huff was first made before a justice of the peace, such officer in Kansas having concurrent jurisdiction with the District Court for the trial of misdemeanors, and the defendant is likewise entitled to a jury of twelve of his peers. The arrest of the defendant on a warrant for the offense charged, brought forth a storm of denunciation against the prosecution, and the members of the Franklin County Medical Society were astonished to learn themselves charged with motives of selfishness and persecution. Large numbers of people who had been afflicted with sores of some kind or another, and which doubtless nature would have cured anyhow, claimed to have received benefit from the salve or medicine of defendant, and were ready to testify that they had been cured of cancer, forgetful of their common sense in regarding the law, as whether defendant's remedies were successful or otherwise was not the question for trial. This conclusion is illustrated by the action of the jury of twelve men in the court of the justice of the peace, who failed to agree, and stood seven for acquittal and five for the conviction of the defendant, and were discharged. In this trial the counsel for defendant, strenuously insisted on the innocence of his client, on the ground that the medicines used by him, were domestic remedies prepared from herbs, and that the exception with reference to such remedies was clearly within the purview of the law, and exempting the defendant from liability to punishment. The instructions of the judge to the jury in the District Court hereinafter shown, (and doubtless the correct law of the case), demonstrate how strangely the impulsive and unthinking people act in reference to disease and remedies. It surely can be asserted without fear of contradiction, that the terrible disease generally known as cancer, and the increase of the victims afflicted with it fatally, has enlisted and more than ever now enlists the most laborious research and scientific skill, and with the ethics of the medical profession, that when any remedy for the disease shall be discovered, it will be given out broadcast to the world as common property, it is deplorable to observe the credulity of the masses in believing in, and resorting to so called cures which simply aggravate, and hasten fatal consequences. It may be proper to remark, that the profession itself has assisted and does contribute to the lamentable state of credulity on the subject, for it is not an uncommon occurrence for members of the profession

to denominate loosely, many kinds of ulcers and sores as cancers, when it is a fact that only a microscopic examination can determine their true character.

But proceeding with the history of the legal proceedings, it is sufficient to say that the results of the mistrial before the justice and jury, the re-trial would necessarily follow, and an adjourned day was fixed for that purpose. In the meantime, however, the friends of defendant were active in supplying the newspapers with declarations as to former cures; and inflammatory comments by counsel and others, until it was apparent that "The Power of the Press," as Mr. Dooley dissects it in the October American magazine, was showing its bad influence on the administration of justice on the law and the evidence in the case. In this exigency, the prosecution wisely dismissed the proceedings before the justice, and the county attorney filed information in the District Court against the defendant, and he was re-arrested and held to bail for his appearance at the September term of the Court. The defendant on the advice of his counsel refused to give bail, and went to jail and remained for several weeks until his recent trial and conviction.

The information against defendant contained three counts. Each of the counts charged the defendant with practicing medicine for a fee contrary to law, but neither count described the disease as it was not necessary, the gist of the action being the practicing of medicine for fees in violation of the law. The first and second counts according to the evidence disclosed the treatment by defendant of two married female patients afflicted with cancer of the breast. The third count was treatment of a male patient, and this charge was not pressed by the prosecution, and the nature of his disease not shown, but the understanding is general that it was also called cancer. The defendant was shown by the evidence to have received twenty-five dollars and fifty dollars respectively from the two patients referred to in the first and second counts of the information, and it may be proper to add, that Mrs. McNutt named in first count is upon her deathbed after weeks of the treatment by defendant, and a Mrs. Stewart having undergone an operation at Bethany Hospital, Kansas City, Kansas, for the removal of the tumor, is said to be now improving, and has returned home to this county.

In view of the excitement engendered, the trial in the District Court was attended by many spectators, and defendant and his counsel in spite of the obvious incompetency of such evidence, summoned a large number of witnesses to testify in his behalf as to cures of reputed cancers affected by his treatment, all of which action, and persistence in refusing to give security for his appearance for trial, and his going to jail, was probably as expressed for the purpose of enhancing damages in an



action for malicious prosecution, in his favor, threatened to be brought. It is needless to say, that a verdict in favor of defendant on such ground in such action, would be promptly set aside as not being warranted. That the element of malice is absent entirely in the prosecution of defendant, is manifest to any unprejudiced mind, and apparent, because of the existence of the law and facts proven, and the converse of the proposition would be commended for the reason, that such prosecution is simply duty resting upon every one to endeavor to have the law enforced.

The instructions by the Court to the jury are presented here, and will acquaint readers with the law governing such cases, and were as follows:

FIRST.—“The legislature of this state some years ago provided for the appointment and qualification of a State Board of Medical Registration and Examination, consisting of seven members, and provided for their qualifications and duties. Among other duties it is provided that this board should examine all persons who desire to practice medicine in the state of Kansas, and if they find that such persons possess the necessary skill and learning to be entrusted with the important duty of undertaking to treat the ills and infirmities of the human body, to grant to such persons a certificate authorizing them to practice medicine in this state, which certificate it is provided when recorded with the county clerk of the county in which the applicant practices, shall be evidence that its owner is entitled to practice medicine and surgery in this state.”

SECOND.—“The Act creating this board and specifying its duties, further declares that any person who shall after September 1, 1901, practice medicine and surgery in the state of Kansas without having received and recorded the certificate above provided for, or who shall in any other way violate any of the provisions of this act, shall be deemed guilty of a misdemeanor.”

THIRD.—“The defendant in this case is charged with a violation of that law. The charge is by information filed by the county attorney of this county, and is in three counts. By the first count it is charged that the defendant did in this county, about the first day of May, 1906, prescribe and recommend for a fee, drugs and medicines for the cure and relief of bodily infirmity of another person, namely, Florence McNutt. By the second count it is charged that the defendant, did in this county, on or about May 1, 1906, prescribe and recommend for a fee, drugs and medicines for the cure and relief of bodily infirmity and disease of another person, namely, Margaret J. Stewart; and by the third count it is charged that in this county, on or about May 1, 1906, the defendant did for a fee, prescribe and recommend drugs and medicines, for the cure and relief of bodily infirmity and disease of another person, namely, Dan. Ross. And in each of said counts it is charged that at the time and times when it is alleged, that the defendant did thus practice medicine. He did so without having received and had recorded a certificate issued to him by the Board of Medical Registration and Examination, as provided in the law above referred to.”

FOURTH.—“The defendant having entered a plea of not guilty, the burden to establish his guilt, is upon the state, and before you would be warranted in finding the defendant guilty of the offense charged, you must find from the evidence beyond a reasonable doubt, that in this county, at or about the time charged, and within two years next prior to the filing of the information, the defendant did practice medicine and



surgery as charged in said count or counts respectively, without having received and had recorded a certificate issued to him by the said State Board of Registration and Examination, as provided in the law heretofore explained, and as charged in the information. But if you shall find from the evidence beyond a reasonable doubt, that the defendant did so practice medicine and surgery without having such certificate, then it is your duty to convict him, as charged in such of the counts of the information as you shall so find him guilty."

FIFTH.—"One of the important questions for you to determine in this case will be, did the defendant practice medicine and surgery as charged, and to assist you in determining whether he did or not, you are advised that any person shall be regarded as "practicing medicine and surgery," within the meaning of this law, who shall prescribe or who shall recommend for a fee for like use any drug or medicine, or perform any surgical operation of whatever nature for the cure or relief of any wounds, fractures or bodily injury, infirmity or disease of another person."

SIXTH.—"A drug is any animal, vegetable or mineral substance used in the composition of medicines, and medicine may be defined as any substance administered in the treatment of disease; a remedial agent, a remedy."

SEVENTH.—"By the same legislative act that created this Board of Medical Registration, it is further provided that nothing in this act shall apply to the administration of domestic medicines nor to prohibit gratuitous services. The term, "domestic medicines" as used in this law, means medicine as practiced by unprofessional persons in their own families or household, and "gratuitous services," means services rendered gratuitously, free, without charge."

EIGHTH.—"If you find from the evidence beyond a reasonable doubt, that the defendant practiced medicine and surgery within the meaning of this law herein defined, and as charged in any one or more of the counts of the information, then, and in that event, the fact, if it be a fact, that the medicines prescribed or furnished by him to his patients did some good, or wrought some cure, would be no defence in this case, as the question whether he is competent to practice medicine or not, is a question to be determined by the Board of Registration and Examination, and not by the court and jury. Neither would it make any difference as to where the medicines or remedies came from, for what purpose or where they were compounded, the sole question for this jury being, Did the defendant practice medicine as herein defined and as charged in the information. If he did, then it is the duty of this jury to convict him; if he did not, or if the jury have a reasonable doubt as to whether he did or not, then it is the duty of the jury to acquit him.

NINTH.—I have said to you, gentlemen, that the burden of the proof is upon the state to convince you beyond a reasonable doubt of the truth of the charge of the information. I have this to say further upon that subject however. You will observe that in the information it is charged, that the defendant was not at the time it is alleged he practiced medicine, a commissioned medical officer of the United States Army, Navy or Marine service in the discharge of his official duty, and was not at the time a physician or surgeon called from another state or territory in consultation with a licensed physician of this state, or to treat a particular case in conjunction with a licensed practitioner of this state. And was not then and there a graduate of any chartered medical institution of the United States or any foreign country in good standing, as determined by said state board, and who did not either personally or by proxy furnish the said state board an affidavit stating the period during which, or the place at which he had been engaged in the practice of medicine in the State of Kansas during the seven years prior to the first day of March 1901, and who then and there had not been

engaged in the practice of medicine during said seven years in the state of Kansas, and who had not presented himself before said state board for examination, and who had never applied to said state board at any legal meeting or at any other time for a license to practice medicine in Kansas, and had never tendered or presented to said state board any certificate or the board of examination and registration of any other state or territory or the United States or of any foreign country whose standard of qualifications or practice are equivalent to those of this state, or of his qualifications to practice medicine within the state of Kansas issued by said board. Concerning the proof of such allegations, the burden is upon the defendant.

TENTH.—The defendant is presumed to be innocent until his guilt is established by competent testimony beyond a reasonable doubt, and this presumption extends to every fact, element and ingredient of the offense charged; and if upon the whole evidence carefully weighed and considered, you have a reasonable doubt as to his guilt he must be acquitted. Or if you have a reasonable doubt as to his guilt as to any one or more of the counts of the information, then it will be your duty to acquit him as to such count or counts concerning which you entertain such reasonable doubt.

ELEVENTH.—You, gentlemen are the exclusive judges of all questions of fact of the weight of the testimony and the credibility of the witnesses. You should determine the issues submitted to you in this case upon the evidence you have heard from the witnesses, and the law as I have undertaken to give it to you here. With the wisdom of the law, neither you or I have aught to do. I shall have done my full duty when I shall have correctly interpreted the law, and you shall have done your full duty when you have passed an unbiased judgment upon the facts as shown to you by the sworn testimony.”

During the trial many exceptions were taken by counsel for defendant to the rulings of the Court in the admission of testimony, and the refusal of the Court to admit evidence of witnesses of defendant as to his claimed successful treatment of patients. His counsel also excepted to each of the instructions given by the Court, and persistently dwelt on their understanding of the practice of “domestic medicine,” until the patience of the Court during the argument was exhausted. The jury retired for only a short time, and returned a verdict, finding the defendant guilty upon the first two counts in the information.

A motion for a new trial embracing some twenty-three grounds was filed by counsel of defendant, and urgently argued, and this was overruled by Judge Smart in an elaborate and comprehensive opinion, citing many authorities, sustaining the law, and the definitions used by him in his instructions to the jury which appear as above given, and to this the defendant likewise excepted and obtained leave to make a case for the Supreme Court. The Court then sentenced the defendant to pay a fine of \$50.00 and costs of suit, and to stand committed until fine and costs were paid.

This communication may seem somewhat prolix, but in view of the magnitude of the credulity abroad concerning the treatment of disease the publication of these proceedings is justified, and will promote the education of the masses to a better realization of, and the moral effect

of the enforcement of the law, and prompt on the part of the medical profession the abandonment of the lax attention hitherto exercised in preventing the abuses which endanger the health and welfare of the public.

Since the passage of the law establishing the State Board of Registration and Examination in Kansas, the Supreme Court of the state have affirmed the constitutionality of the Act, both as regards the fundamental law of the state, and also the Constitution of the United States. These cases are:

The State of Kansas-vs-Wilcox, 64, Kansas reports. 789.

Meffert-vs-State Board of Registration and Examination, 66, Kansas. 716.

It is proper to add, considering the singularly lucid and able charge to the jury in the Huff case delivered by Judge Smart, it will not be reversed.

**The end of the patients**—The Ottawa Evening Herald for October 22, 1906, has the following notes regarding "Dr." Hutt's patients.

Mrs. M. L. Stewart of the country southeast of town, who was taken to a Kansas City hospital for treatment for cancer some weeks ago, has returned apparently cured.

Florence McNutt died Saturday evening at the home of her father, G. W. Cartzdafner, four miles southeast of town after a long illness with cancer. Mrs. McNutt was thirty-five years old and leaves a husband and four children. The husband is an inmate of the Osawatomie asylum. The funeral was held this morning from the Elm Grove church and the services were conducted by Rev. C. I. Rose, of the North Ottawa M. E. church. Burial was at Ruhamah. Mrs. McNutt was one of three patients of the cancer doctor, Joseph Huff, and testimony in regard to her case was introduced into the trial of the Huff case. Huff treated her up to the time of his arrest, and then on account of the proceeding against him, stopped.

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## THE QUESTIONS OF LIFE INSURANCE EXAMINATION FEES.

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V. E. LAWRENCE, M. D.  
Ottawa, Kansas.

In the September number of the "Fraternal Aid," the journal representing the Fraternal Aid association, and a very well edited publication, appears an article entitled, "Educate Medical Examiners." It is copied from the "Western Review." The article goes on to say that at a meeting in Boston of physicians who examine for life insurance companies the question of raising the fees for the same was under discussion.

The Editor of the "Review" comments on the matter in something like the following strain: Since the records of mortality in life insurance



show that there are many who die soon after being insured from diseases which they must have had at the time of insurance, it would be better for the doctors to do better work, before they ask for an increase in compensation for the same, and then goes on to enumerate the qualifications which an examiner for life insurance should have. He says, "they should be in possession of the requisite information concerning heredity, environment, habits, weight, height, as well as the healthfulness of the applicant himself."

The fraternal associations pay one dollar for an examination, and they constantly impress it upon the physician that they demand and expect his most skilful, most careful, and most painstaking services.

Now let us see what the insurance people get for this little one dollar. First, they get the time and services of a man who has spent from four to ten years in preparing for his profession, also the benefit of the skill and judgment which he has acquired from years of practice, study and observation. I have just looked over the examination blank of a fraternal insurance company, and it is about the same as all of them. I have counted the questions asked in this blank and find 196 questions which must be answered more or less fully. And what is included in these questions? Among the most important are examinations of the lungs, heart, and urine. Let us see what this means. Every doctor who knows enough to know anything about it, also knows that an accurate and reliable examination of the lungs draws heavily upon the skill, knowledge and experience of the doctor, and often it should be fortified by a microscopic examination. Thousands of times ordinarily intelligent patrons pay from \$5.00 to \$15.00 for such an examination, and rightly consider it not too much. A careful and reliable examination of the urine is not a matter of a few moments. The writer lately had a patient who had all the symptoms of Bright's disease, except albumen and casts. By this I mean that the usual examination by heat, acid and the microscope failed to show other symptoms, until after the most delicate and painstaking tests, both chemical and microscopic had been made, and not until hours had been spent in repeated examinations.

But let us lay aside all the requirements upon professional skill and responsibility. Let us carry this blank to the office of a busy notary or any other non-professional man of any intelligence, whose time is worth anything, and will he write the answers to these 196 questions, even after he has been instructed as to what to say, for less than one dollar, and would any reasonable person consider such a compensation too much?

This question of a fair compensation to the doctors is a very vital one to life insurance companies. It is not a question of vital importance



to the doctor. The life of the companies depends upon the reliability of the doctor's examinations, and poor work of the doctors representing any company will put that company out of business in a very few years. I say it is not of vital importance to the doctors. Life insurance companies are usually wise enough to seek for their examiners, men who have the skill to command a good practice. Such men can easily live without life insurance examination fees, and especially such unreasonable ones as are now paid. So the question becomes one for the companies to settle for their own benefit, and not for that of the doctors. The doctors will give all they are paid for, and should not give more.

As the matter now stands the policy holders should insist upon a fair compensation. They have been and are now paying heavily because it is not done, and many times more than an increased fee would amount to.

Some ten years ago the writer took the pains to look up for three months the average time during which deceased policy holders in a certain good fraternal order, had belonged to the order, and it averaged less than three and one-half years. Now, the reader will say that the doctors are to be blamed for this. That is apparently so. And why is it so? It is because some doctors have refused to expend the skill necessary to detect lung, heart and kidney lesions and add to it the time and labor necessary to fill out the unreasonably long examination blanks. But really are the doctors to blame? In the first place the companies are violating that great law upon which all commerce is founded; namely, compensation for value received. No sane man will claim that one dollar is a fair compensation for a good examination. It is however, a fair compensation for a poor examination, and if the companies get what they pay for, what reason have they for complaint. The fact of the matter is that every time the companies receive a first rate examination for the fees that were paid, they defraud the doctor of the difference between an unfair and a fair fee.

They may complain that it is understood when the doctor undertakes to do the work that the work shall be first-class. Suppose it is so understood. If the company is dishonorable enough to encourage unfair dealing by initiating it, how can it complain if its example is followed?

There are examiners, and I hope the writer is one of them, who in spite of the fact that they feel that they are being imposed upon, still do good work. But it is too much to expect this of a majority of men from any walk in life. The companies are getting more than they pay for, and can with poor grace make complaint.

The time is coming when this injustice will be discontinued. Not

because the doctors insist upon it, but because the very existence of life insurance depends upon it.

Lately, the old line companies, in their efforts to correct illegal and in some cases, criminal extravagances, have been unwise enough to reduce the fees for examinations from five to three dollars. The natural result of this step is to drive out of their employ their best men, and to entrust this important work to the hands of less skilful physicians.

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### **CARDIAC INADEQUACY.\***

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W. E. McVEY.  
Topeka, Kansas.

The term inadequacy, may be applied to any condition of the heart rendering it incompetent to perform the work demanded of it. Inadequacy may result therefore from acute inflammations, from valvular lesions, from muscular degenerations, of various kinds, and from developmental defects. For the purposes of the present discussion the subject will be limited to those cases of cardiac inadequacy which are dependent upon no recognizable organic lesion either of the valves or musculature. Certain chronic and progressive degenerative changes in the cardiac muscle, which are usually associated with similar changes in the arterial walls, may be recognized either by these or by coincident changes in the valvular structure and will therefore not be considered. It is the purpose of this paper rather to suggest the relative importance of nutritional changes in the heart muscle to certain obscure disturbances of the general health: (1) Many of which are described under the head of neurasthenia, and present certain disorders of the nervous system, between which and the cardiac disturbances there is perhaps an interdependence; (2) others are developmental in origin, and in young people may show only the evidence of cardiac inadequacy with perhaps dilation of the left ventricle, or in adults may present the nervous disturbances of the former class; (3) then there are those resulting from a retrograde metamorphosis, which may be incident to old age, or which may follow certain changes in habits or manner of living with loss of former stimuli to the localization of nutritive processes.

In studying the first group of cases we must take into account all of the factors which may interfere with perfect nutrition of the cardiac muscle. Prominent among these we find disturbances of digestion, particularly among women afflicted with uterine disorders, which also frequently give rise to functional disturbances of the heart which also interfere with its nutrition. Chronic affections of various kinds and

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\*Read before the Kansas Medical Society at Topeka, May 7, 8 and 9, 1906.

protracted fevers, such as typhoid fever, not only leave the heart in an enfeebled state, but by the subsequent derangement of the digestive functions, hinder its restoration to a normal state of nutrition. Surgical operations for the removal of functioning structures may disturb the equilibrium in both nervous and circulatory mechanisms, and thus for a considerable time, interfere with general as well as cardiac nutrition. Prolonged mental worry or anxiety may play an important part in the evolution of cardiac weakness in both men and women. Persistent high arterial tension is also a factor to be carefully considered whether it be associated with any of the conditions heretofore mentioned or be an expression of some other disturbing element.

Of the second group of cases the greater number are boys and girls between the ages of 12 and 16, and among those who have presented a sudden and very rapid growth in stature. The heart is a slow growing organ, and does not nearly keep pace with the rapid growth of bone so that when the child grows suddenly into manhood or womanhood the heart is too often still a child's heart, and inadequate for the needs of its new environment. While in the majority of such cases a good wholesome diet with a sufficient amount of outdoor exercise soon brings about an adequate development in the cardiac muscle, there are cases in which this favorable outcome is prevented. We frequently find young adults in whom there is a much apparent lack of sympathy of development; in whom there is a sufficiency of height and abundant length of limb, but a lack of thoracic development; in whom there is a narrow chest, an insufficient lung capacity, and an inadequate heart muscle. This interruption in development may be brought about by prolonged unhygienic surroundings; by improper and insufficient food supply; by too close confinement, or insufficient amount of outdoor exercise; by the occurrence, in rapid succession, of the various acute affections to which children are mostly liable; in boys by sexual abuses and in girls by too early marriage, and rapid child bearing. With imperfect development of the thorax and insufficient lung capacity there is always likely to be associated an inadequacy of the cardiac muscle. Since perfect oxygenation of the blood is one of the essentials to perfect nutrition this association may be readily understood.

In the third group of cases there are included those in whom the general retrograde metamorphosis has rendered the heart muscle inadequate to meet the requirements of an active life, but since in the ordinary course of events this is concomitant with other changes which prohibit much activity we are seldom called upon to consider such cases. There are other cases, however, in which degenerative changes occur as a result of changes in occupation or habits of life. When one who has



for many years been accustomed to a particularly active life changes to one of extreme sedentariness there is likely to be a physiologic atrophy of the muscular structures and especially of the cardiac musculature. A heart muscle which has been developed by unusual exercise beyond the ordinary needs will atrophy when the excessive demands have ceased, but in many cases this atrophic process may be excessive, in that the heart muscle is inadequate for ordinary exertions. These conditions of extreme cardiac enfeeblement may depend also upon deposits of fat in and upon the heart muscle, interfering with both its nutrition and its action.

On account of the interdependence between the nervous disturbances frequently exhibited and digestive disorders; and between both of these and functional disturbances of the heart which may result in an enfeeblement of its muscular structure, it is frequently difficult to determine which is the primary condition. This relation of cause and effect is of less importance than the relation of the cardiac inadequacy to the complexity of symptoms presented; but there are sufficient reasons for believing that the cardiac enfeeblement is the primary condition in many of the cases where the fact cannot be definitely determined.

A great variety of symptom groups are presented in these cases but in all of them there may be noted a line of symptoms indicating a circulatory disturbance of more or less gravity. One of the most certain of these is breathlessness on slight exertion, and this may sometimes be accompanied by faintness or vertigo. Attacks of faintness and vertigo are not uncommon in these conditions; but vertigo is also a symptom of other conditions, and may occur without cardiac enfeeblement. The same may be said of palpitation, though when there is a persistent frequency of the heart's action, inadequacy is indicated. Coldness of the extremities is another usual manifestation of imperfect circulation.

Among the symptoms enumerated by Ranney as commonly occurring in neurasthenia, we may note the following which frequently also occur as a result of cardiac inadequacy: Pains in the head; fleeting neuralgias; sleeplessness; vertigo; tenderness and pallor of the gums; flushings of the face; idiosyncrasies in regard to food; mental depression and melancholia; defects of memory; a decrease in intellectual capacity; a buzzing or ringing in the ears; specks before the vision; morbid fears of various kinds; sick-headache; weakness of the muscle; numbness in the limbs; an extremely rapid or slow pulse, which fluctuates widely during periods of excitement or fatigue; attacks of palpitation of the heart; sudden startings on going to sleep; frequent gaping, yawning or stretching; and disturbances of digestion. In fact,



these and nearly all of the other symptoms enumerated as occurring in neurasthenia are but various manifestations of weakness. In many of the symptom groups those symptoms pointing directly to cardiac weakness will predominate; but in other groups, those pointing to mental or spinal disturbances will predominate; and it is only by careful examination of the heart that we may determine its real condition.

The evidences of valvular lesions will be found in many cases presenting the symptoms enumerated. In all such cases the heart is usually recognized as an etiologic element worthy of our attention; but in those cases where no evidence of valvular lesion can be detected, we are too frequently inclined to consider that organ sound, and attribute all its functional disturbances to reflex causes. It is for this reason that the present discussion is limited to the latter class of cases.

Weakness of the cardiac muscle is not always manifested by valvular murmurs; but, on the other hand, the intensity of such murmurs is often diminished by it. The only auscultatory evidence of cardiac enfeeblement will be found in the character of the sounds, but, more particularly the first sound. With a weak heart muscle, the ventricle does not contract so forcibly nor so completely as in the normal state and the first sound is therefore less intense and less prolonged. In most of the cases observed, the arterial tension is low and the aortic second sound is also less intense than normal. The pulmonary second sound usually preserves its normal intensity, but may be exaggerated. I am convinced that the abbreviation of the first sound with a pulse of low tension, especially when associated with the symptoms of circulatory disturbances previously enumerated, is sufficient evidence to direct our attention to the heart in the management of these cases. If the arterial tension is high and the aortic second sound exaggerated it will be well to reduce the tension and again examine the heart. Haemic murmurs may be heard in anaemic cases but these murmurs have no significant relation to the condition under discussion.

In young people belonging to the second group of cases there may be some dilation of the left ventricle which may be determined by an increased area of cardiac dulness and there may be also a murmur due to relative insufficiency of the mitral valve.

In the third group of cases there will be the frequent and irritable pulse with abbreviation of the first sound and the symptoms enumerated as generally occurring in cardiac inadequacy. Dilation of the left ventricle and relative insufficiency of the mitral valve may occur in any of the cases described, but are much more common in young people of the second group.

In the treatment of the first group of cases we are required to determine whether we should depend upon the general treatment for the relief of the cardiac inadequacy or whether we shall recognize this as an important factor in the case, and direct some special treatment toward its relief. While we must admit that with a general improvement in nutrition the cardiac muscle will usually regain its normal state this result may be greatly hastened and in many cases perfected by careful treatment directed to the heart itself. When the enfeeblement is unusually marked, and especially when the heart action is rapid, digitalis or strophanthus should be administered in small doses and for a short period of time. A marked amelioration of many of the symptoms will be obtained under its influence. Except in cases where there is extremely low arterial tension these drugs should be combined with nitroglycerin.

As in the case with other muscles of the body, the cardiac muscle is more quickly and more perfectly developed by exercise than by any form of medication. The muscles of the arm when called upon for efforts to which they are unaccustomed soon fatigue; and if work very greatly in excess of that to which they are accustomed be demanded of them, they fail. If these muscles however are subjected, at regular intervals, to gradually increasing demands they soon become able to accomplish the maximum efforts required with little or no fatigue. If the general nutrition be good, development of the muscles will keep pace with a rapid increase in the exercise; but if the nutrition be poor, then the development will keep pace with a progressive increase in the exercises *pari passu* with the improvement in general nutrition. This is true of the cardiac muscle, except that its condition bears a closer relation to nutritive processes; and it seems in many cases that the improvement in nutrition progresses *pari passu* with the development of the heart.

In most cases it is best to begin with very gentle exercises, preferably with resisted movements. At first only a few movements should be attempted, and the exercise continued only for a short time. In any case as soon as respiration is quickened or the pulse much accelerated the exercise for that time should cease. The number of the movements and the duration of the exercise may be increased gradually; but it will always be best to stop when evidences of fatigue appear.

In connection with these resisted movements I have found respiratory gymnastics of considerable benefit. The patient is required to take a deep inspiration and then the thorax is forcibly compressed during expiration, this being repeated several times at each exercise period. By this process the air in the lungs is more perfectly changed and the amount of oxygen increased; and furthermore, by frequent repetition of

this exercise, the respiratory capacity becomes considerably greater.

As soon as he is able to do so without much fatigue, the patient should take a brisk walk out of doors every day; but the resisted movements should be continued until there is no marked disturbance in the heart's action or in respiration by these exercises. At such time regular exercises with dumb-bells or Indian clubs may be substituted for the resisted movements.

In boys and girls of the second group, and in cases of the third group, where the degree of inadequacy is moderate, outdoor exercise and dumb-bell exercises may be advised at the beginning; but cases of the first group, adults of the second group, and extreme cases of the third group, will respond more satisfactorily at first to resisted movements.

It is not intended that this special treatment shall replace all other treatment. The indications in each case must be met with appropriate medication, but in the classes of cases mentioned, the results of general treatment will be more rapid and more certain if combined with the method suggested. General tonics are usually indicated; regulations of diet and aids to digestion may sometimes be required; sedatives and soporifics may be necessary at first; but with plenty of outdoor exercise in connection with the course recommended, many of the indications for medication will be eliminated.

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### DISCUSSION.

DR. LOWDERMILK: It seems to me that the doctor has presented a class of cases that we meet with perhaps more frequently than we suspect,—a class of cases which, in my opinion are frequently overlooked by the general practitioner who has not the opportunity to study his patients as carefully as the essayist has.

I was particularly impressed with the nervous relation the essayist brought out in the first part of his paper, and it seems to me that he makes the point very strongly that a certain class of troubles which we are prone to regard as being nervous are dependent upon cardiac inadequacy itself. The trouble emanating from the heart is mechanical rather than any fault of innervation of the heart itself.

DR. McVEY: I have tried to a little more strongly impress upon your minds the fact that an existence of a valvular trouble is not necessary to some nervous trouble lying in the heart. In a great many cases I think these point to a muscular trouble rather than functional disturbances. In a great many cases the fault will be found in the muscle itself. I wanted to bring out a little more forcibly the importance of the heart muscle independent of the valvular lesions.

**PREVENTION AND TREATMENT OF PUERPERAL SEPSIS.\***

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The consideration of this subject naturally resolves itself into two divisions: (1) Prophylaxis and (2) Curative.

The keynote of prophylaxis in obstetrical work is asepsis, but other important elements enter into the question even though they are of secondary moment. The pregnant woman must be instructed in hygiene, dietetics, exercise, bathing, etc., in order to prepare her for the coming drain upon her strength and resistance. Careful inquiry should be made into her history for any previous infections or pelvic diseases that may affect her labor, or any abnormality of the birth tract. Careful measurements of the pelvis should be taken and an effort made to correct a faulty position of the foetus. This will obviate the necessity of an examination for this purpose after labor has begun. Any acute or chronic skin disease should be treated, and if there is or has been any vulvitis, vaginitis, cervical erosions or leucorrheal discharge, treatment should not be left to the patient, but her physician should see that it is cured, or if cure is impossible, nothing short of the best possible result obtainable should satisfy him.

It is true that a number of different bacteria are found in the birth tract, and that these are not pathogenic under ordinary circumstances. It is also true that the natural secretions of the birth tract are inhibitive to the growth and spread of these bacteria, but it is equally true that its vitality is lowered and these secretions are less protective in the presence of abrasions, contusions, and the traumata incident to birth. A more favorable soil is thus furnished for the growth and increase of virulence of these germs especially when a mixed infection is produced by the introduction of germs from the outside.

The patient should be instructed to keep the vulva and perineum thoroughly cleansed and in the presence of leucorrhea or vaginitis anti-septic douches should be prescribed with careful instructions to use only aseptic douche points. Of what value is a douche when the point is covered with dust or taken from a box containing rectal points placed there after the last enema was taken? If the patient has had gonorrhea or ulcers of the vaginal tract or cervix, a speculum should be used to explore the folds of the vaginal wall and the cervix and suspicious spots be treated. Unless directly indicated a douche should not be given for

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a few days prior to confinement, and if indicated it should be given by the nurse or physician himself with the greatest care.

With the advent of labor the bowels should be thoroughly emptied by a copious enema of soapsuds which may be repeated if the labor is long. A full bath should be taken with special care in cleansing the lower abdomen, vulva, perineum, and thighs. The nurse should, before labor is far advanced or before any examination is made, further cleanse the pubes, vulva and perineum with soap and water and then use some antiseptic solution, after which the patient should wear a pad saturated with an antiseptic. This should be changed from time to time during the labor. (If the lying-in-room has been occupied by a pus case or infectious disease, it should be thoroughly cleansed and fumigated) The bed should have freshly laundered linen and before delivery a sterile sheet should be placed over the patient. The nurse should have an abundance of sterile towels, sheets and dressings for use during labor and the puerperium.

Puerperal infection is wound infection and the rules for hand disinfection and asepsis observed in the operating room should be as rigidly enforced in the lying-in chamber. In short, every precaution that would be taken before a major surgical operation should be taken in preparation for a confinement case, and during the lying-in period.

Generally speaking, far too many internal examinations are made. With study and a little practice the accoucheur can tell the presentation, whether the head is engaged and the degree of advancement. Each time an internal examination is made, the danger of infection is increased one hundred fold. If the physician has already measured the pelvis—and he should have done this weeks before labor—an internal examination will seldom be necessary. Before the examination is made, the vulva should be sponged with some antiseptic solution, taking care to sponge from the labia down over the perineum toward the anus. Then by carefully separating the labia with the thumb and finger, the examining fingers can be introduced with but little danger of contamination. After measuring the pelvic diameters, and diagnosing the position, no further internal examinations or manipulations should be made unless artificial delivery is necessary. While waiting for the delivery of the child the physician should exercise great care not to re-infect his hands. It is as necessary to keep the hands clean as it is to scrub them originally. By the use of rubber gloves greater safety can be assured the patient, for these can be placed in an antiseptic solution and kept ready for instant use.

If an instrumental delivery is necessary, the patient must be washed from the umbilicus to the knees and then covered with sterile towels or

sheets in such manner that the vulva alone is exposed. A frequent source of trouble is the Kelly pad. It should be covered by a sterile towel after thorough disinfection. If the bed sags toward the middle, boards should be placed beneath the mattress to prevent the collection of blood, amniotic fluids, and any fecal matter that may be forced from the bowel. Such a collection of fluids could easily be aspirated into the patulous birth canal after the birth of the child. The frequent presence of *bacillus coli communis* in the lochia of cases of sepsis certainly show this to have taken place.

Before examining the vagina for lacerations the hands should again be thoroughly disinfected, so that no germs will be introduced on the torn, bleeding surfaces and open blood vessels. It is now generally taught that fresh lacerations of the cervix should not be repaired unless we have intractable bleeding. Immediate repair of lacerations of the vagina, however, lessen the wound surfaces and thus the possible chances of infection. While waiting for the delivery of the placenta, sutures may be placed in any vaginal tears with forceps on the ends ready to tie as soon as it is delivered. This will lessen the tendency toward too great haste in delivering the placenta. If any considerable part of the placenta or membranes are found missing they should be removed at once. The finger is all that is necessary for this, and gives us the only assurance of not penetrating the uterine wall. By digital touch we can satisfy ourselves of the condition of the uterine cavity. After the uterus is emptied small doses of ergot are beneficial as a prophylactic in that they maintain proper tone in the uterine walls and promote involution, thus favoring the closure of the blood vessels and lymphatic spaces. When these remain open they soon become filled with blood clots, and in the presence of infection form an ideal channel for its spread to the periuterine structures and the establishment of peritonitis and phlebitis of the uterine and pelvic vessels. After the blood spaces and walls of the uterus become infected, ergot is still indicated but it has not such beneficial action. Douches should not be given after delivery unless strongly indicated and then only by the physician.

When called upon to treat a case of puerperal infection, or when we are unfortunate enough to have one in our own practice, the first thing necessary is to determine the site of infection, second, the character. The amount and character of the lochia and the condition of the uterus,—size, tenderness, etc., together with the general condition of the patient will enable us to judge quite accurately whether the infection is in vaginal tears, or whether the uterus is the site of the trouble. If the injuries to the vaginal wall and perineum are the site of infection, these should be thoroughly cleansed and antiseptics applied and every effort

made to prevent an ascending infection from reaching the uterus. Cultures should be made for bacteriologic diagnosis of kind of infection. If pus comes from around any of the sutures these should be removed to afford free drainage. If sufficient evidence is not found in the vagina to account for the symptoms and the lochia point to a uterine infection, the cervix and uterus should next be examined by means of a speculum. If streptococci are present, a gray membrane will be found on the cervix extending up into its canal and uterus. Cultures should be made from this and the uterine cavity under the most rigid precautions lest the infection become mixed.

If sure that the infection has not reached the uterus this should not be explored. If we are sure none of the placenta or decidua were left in the uterus,—and we should be if we confined the case,—a sapraemia can reasonably be ruled out. Cleanse the vagina thoroughly and irrigate it, taking care that none of the debris or fluids enter the uterus and keep the wounded surfaces in the best possible condition with frequent cleansing and stimulating antiseptics. If retained placenta or membranes are suspected, remove these with the finger and that alone, and explore the uterine cavity for shreds and infected clots. If shred and small bits of placenta cannot be removed by finger, a piece of gauze wrapped over it often times is of great service. A sharp curette should never be used in an infected uterus. Some advocate swabbing the uterus out with tr. iodine, others with strong biniodide of mercury solution. An aqueous solution of iodine of 1% or 2% strength is strongly antiseptic and has not the caustic effect of the tincture. Copious decinormal salt or bichloride of mercury (1-2000) solutions should be next used as an intrauterine douche. Some favor packing the uterus with gauze saturated with alcohol, others use iodoform gauze. This should not be left in the uterus longer than six hours lest it cease to act as a drain and do absolute harm. The hot douches may be repeated once daily if necessary to maintain uterine tone and remove the accumulated discharges. A number of cases of mercurialism—some of them fatal—have been reported from too frequent use of a strong solution of mercurial salts in the uterus. The infection has already gone beyond the reach of antiseptics applied to the inner surface of the uterus, so that all the intrauterine douche can do is to cleanse the interior of any debris and help restore tone to the lax walls.

If fluctuations can be detected in the uterine wall and we have reason to suspect a periuterine abscess, this should be incised and drained. If we detect pus in the cul-de-sac of Douglas it should be drained.

Ice placed over the lower abdomen may help to prevent a periuterine inflammation becoming a general peritonitis. Thrombosis and



phlebitis of the uterine and pelvic vessels and lymphatics may be followed by phlegmasia alba dolens. Removal of these thrombi whether infected or not has never given results sufficient to justify exposing a desperately ill patient to the shock incident to so severe an operation.

Hysterectomy has been disappointing as a curative or life saving procedure; the accompanying septicaemia is usually of such severity that very few cases have withstood the addition of so severe a shock and these would probably have recovered without hysterectomy. Pinard says that he has never seen a postmortem that showed a condition that hysterectomy would have benefited or saved the patient.

If bacteriologic examinations show presence of streptococci in either lochia or blood, the antistreptococcic serum will be of benefit. This should be given in doses of 20 cc. and repeat three times in 24 hours. It is useless in any other infection.

As to internal medication, it should be supportive,—strychnine, quinine and whiskey are of value only in this way. Antipyretics are harmful and should not be countenanced. Baths should be used for hyperthermia and every effort made to keep the skin and kidneys in the best possible condition. Alkaline diuretics will be indicated if the urine becomes scanty and of high specific gravity. Ergot should be given regularly to promote involution and maintain tone in the lax uterine walls. Decinormal saline solution in the bowel, hypodermically or intravenously according to the severity of the case, gives excellent results and at times will turn the balance in favor of the patient.

In short, everything possible to conserve the patient's strength should be done and be on guard not to wear her out by meddlesome attentions.

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#### DISCUSSION.

DR. LOBDELL: The first thing I have to do is to thank the doctor for every word he has said. He has so thoroughly covered the ground that there is nothing to be said more than to make it cheerful for the young physician who settles in a country place where he is called to a little hut where there is not a clean thing in the place. I am satisfied that in ninety-nine cases out of a hundred of puerperal fever the infection is carried by the doctor herself. Of course I expected to discuss the paper on erysipelas with reference to this, but I have not heard the paper. I can only say that I am thoroughly satisfied that there is nothing more dangerous than for a doctor to attend erysipelas and then attend to a puerperal case. Do not attend a puerperal case for a long time after. One doctor found germs ten days after, and found that pure carbolic acid is the only thing that would remove them. I never made it a practice to attend obstetric cases and erysipelas at the same time. The erysipelas will become puerperal fever in a lying-in woman. We have many cases where a pregnant woman is exposed but she is no more liable to take the disease than any one else. Unless she tears it is no more dangerous than any other. One who attends a case of puerperal fever would better attend no more cases of obstetrics. He had better go hunting, fishing, or some-



thing, for a long time. I am satisfied that we carry around infection more times than any one else does, so that we cannot be too careful. Of course there has to be an entrance, an open door for the entrance of the germ, and that is furnished by the bleeding genital tract.

DR. BLASDEL: This paper represents ideal conditions, and the ideal conditions are what we want, but in doing a general practice we cannot encounter and we cannot produce the ideal. If we have our cases in charge, and absolutely control them, we can prevent ninety-nine out of a hundred cases of puerperal infection. But we do know that we have cases that are beyond our control. Suppose a case for instance, where we have an ulceration; we haven't seen the patient, and she is in labor. It is not a normal condition, but our patient is not sick. Suppose we have a case with bacteria and we have some internal source of infection. In doing a general practice, especially country practice, we are called out to attend cases of confinement where we do not see the patients until they are in actual labor—probably just about delivered when we get there. The surroundings are dirty, we go to work and sterilize our hands and the patient as promptly as we can. We go back to town, and make a second visit on the second day, and we hear nothing more from that patient until they send for us. She has got a headache, possibly a chill, and we go out and we find infection. In hospital cases that we can see every day we can go right to work. I notice the lack of one thing in the paper that was read was the alcoholic stimulation. I have tried that and it seem to have given beneficial results. I do not know whether the patients would have gotten well as quickly if I had not used it or not, but they did nicely. There was another point the essayist brought out; that is the continual douching should be avoided. I know the old text-books say douche out the parts, douche out the vagina. That should be avoided. If there is any infection it should be avoided, because the infection is beyond any reach of local treatment.

DR. KENNEY: The essayist has probably said the last word on the subject of treatment, but there is one point I would like also to emphasize, and that is the matter of douching. I have been fortunate enough to have had only one case of infection. Singularly enough that was one of the ideal cases. It was a case under observation and treatment for a month previous to labor. There was sterilization of practically everything in the house. The sheets were sterilized; the nurse was supposed to be absolutely clean in all her methods; she was a woman who was reputed to be exceptionally good; she had her patient absolutely clean; it had been done for some hours before the labor took place. The patient was thirty-five years of age, and there was a certain amount of rigidity of the perineum which necessitated the use of forceps. There was some laceration, which apparently healed up after being sutured. About four days after delivery a slight temperature appeared. Within twenty-four hours from that time the temperature was  $104^{\circ}$  or  $105^{\circ}$ . The nurse had been cautioned about not douching the vagina. The vaginal douching had been at minimum. The first twelve hours there had been vaginal douching, but it was along about the fourth day, as I say, when the infection first appeared. I questioned her very carefully; she said there had been no douche whatever used; nothing that could apparently have produced infection. I learned, after the recovery of the patient, that the nurse had used a douche and it was possible that her douche bag had not been clean. Here infection took place and for nearly two weeks her life hung by a very slender thread.

DR. MITCHELL: I think there should not be any particular danger of septic infection where the physician uses the necessary care in cleansing his hands, and the patient, so far as possible. I endorse the remarks about vaginal douches, particularly to lying-in women. Take a case of gonorrheal infection; there should be the utmost care in douching—antiseptic douches, cleansing the parts, leaving no germs in the part

that may cause infection. There cannot be too much care in reference to a thorough examination—specular examination in regard to the cleansing of the parts in order to prevent septic infection. Often great harm has been done by vaginal douching. I want to advise that a critical examination of the parts of the woman should be made to ascertain whether there is any previous infection, or gonorrhea, or anything of that sort.

Now in regard to the cleansing of the external parts of a woman, we cannot be too careful. They should be thoroughly doused except where they are washed with alcohol, and the physician's hands should be thoroughly disinfected.

You cannot accede to the remark that the obstetrician should abstain from such cases for a certain length of time, weeks, and months perhaps, to guard against septic infection from his hands. I was called to attend a case of small pox in a woman; she was about four months gone. She was having a miscarriage. The foetus had been expelled, when I was called, the placenta was retained. Hemorrhage had set in. I cleansed my hands, and inserted my hand in the vagina and removed the placenta. In about two days I attended a case of confinement. I did not communicate small pox there. In another case I attended a case of erysipelas in a woman who was almost in confinement. In about the second or third day after I was first called the labor set in. I used the ordinary means to disinfect my hands, and kept her on the erysipelas treatment and she was carried through safely and she did not have puerperal sepsis either. I think if we use strict disinfection of our hands, even in the country we can guard against puerperal sepsis.

DR. LOWDERMILK: I would like to call attention to one matter in connection with this. It is suggested to me by reason of a very unfortunate experience I have been through in the last two weeks. I was called in to see a child four days old. I found it suffering from peritonitis. I was lost to understand the cause of the trouble until about four days later the umbilicus opened; had very profuse hemorrhage and sloughing, and considerable amount of tissue sloughed out, and a hemorrhage that was very difficult to control set in, and in about three days later from that time septic pneumonia developed and the child died.

To me it seems to be a typical case of cord infection. While we are carrying out these measures of a sepsis to guard the mother, let us not forget the child.

DR. TAYLOR: The paper, in my judgement, is excellent so far as the hospital is concerned, but the country physician is seldom engaged until he sees the case, and he hardly ever has a trained nurse. Usually the old ladies are there looking after the patient. When the doctor goes there the woman possibly is in labor, having pains pretty severely. I don't remember hearing the paper speak of the movement of the bowels, cleaning them out. I think after a doctor gets such a case, after he makes an examination, if he finds the bowels loaded he should give an enema, and let them have a tendency to ease the labor. I also think sometimes the infection, in a great many cases, is due to blood clots under the sore surface, and a douche is very necessary. I have of late years been using quinine instead of ergot, and get the very best results. After my patient is confined, in about eight or ten hours, I think it wise to use the old treatment of turpentine and castor oil. I think that it takes the soreness out of the bowels. I also give doses of quinine.

DR. YATES: There is one thing that has not been called attention to, I believe. One of the most important traits of a good obstetrician is inactivity preceding the case. He is there largely as a watchman, to be called into activity when the case becomes abnormal, if it does, and it usually does not. It is a little difficult for a man to sit around the lying-in chamber and do nothing. It is the most difficult thing he has to do, but nevertheless in most cases it is the best thing to do. Most of us exaggerate our import-

ance. I believe the most of our troubles are caused by pernicious interference. If we have any doubt whatever about our hands—doctors in general practice will have to cut out the general practice of obstetrics if we listen to the remarks that have been made. But we can find out almost everything we have to do by external examination. The pelvimeter will tell us everything we need to know. That is something we always ought to use. The location of the foetal heart beat, the location of the head, and the back and the buttocks, will often give us all we need to know of the child. So that if we are at all in doubt we better make an external examination, and do a lot of heavy sitting around. The child will probably be born just as quickly, and there will be much less infection.

DR. MITCHELL: I think often times in preparation before confinement, on the part of the physician, antiseptics are a delusion and a snare. There are very few surgeons I think today who are using antiseptics in preparing their hands. They use fifteen or twenty or twenty-five minutes with soap, water, and brush. Very often the doctors in smaller towns have to handle erysipelas cases, and must necessarily follow up a confinement of a woman. They will take the usual bichloride of mercury, one to one thousandth, dip their hands in it and feel they are safe, when the facts are bichloride on the skin acts as an astringent, and the germs will remain on the hands, and there's where you get your infection. If you leave off the bichloride until you get through with your scrubbing you will get better results. If a person is attending in an erysipelas case he should change his clothes and take a bath; especially his hair.

Some writer, some ten or fifteen years ago, reported a physician in one of the eastern cities who had some fifty or sixty cases of puerperal fever. It seemed as though everywhere he went he had puerperal fever, until it finally killed his practice, and he had to leave. That was explained at that time as due to streptococci that could not be gotten rid of. There is no reason why it cannot be gotten away with the same as any other germ.

DR. GRAY: Where a person is engaged in general practice of course I believe his hands are bound to be more or less soiled and I also believe it is an impossibility for him, after they are soiled, by these septic germs, especially germs such as erysipelas, to cleanse those hands by any means at our disposal today. I am inclined to think that the average physician could get along better if he did not rely upon antiseptics at all. I believe the rubber glove is a very excellent means of preventing the carrying of infection. However, I would not rely upon antiseptics to disinfect the gloves. Boil them. Put them in boiling water for four or five minutes. They should also be examined every time they are used, and often the first time, for punctures. Of course where the rubber glove is put on upon the unclean hand, my observation is if there happens to be a puncture you are more apt to do more harm than good. So it is necessary to see that your glove is sound, and it is more important to see that the glove is kept aseptic after you have it on your hand.

There is one point in the paper to which I would take exception, and that is the practice of introducing the finger upon a suspicion of particles of placenta, or membrane, being retained in the uterus. If the case has been conducted in an aseptic manner, and there are some small particles of the placental tissue no certain rule will expel them, they will do no harm. The main point is to keep the parts free from infection. I do not believe anybody can tell whether or not there might be small parts of the placenta remaining behind, but we do know if the uterus remains aseptic that part of the placenta does no harm, and in the course of a few hours would be expelled in the natural way.

DR. TRUESLER: It seems to me there are two or three points that are very pertinent that have been missed in this discussion. There is no trouble, I take it, whatever so long as you keep out of the uterus. You can use almost any kind of septic material



in the vagina and get along most any way, and in the majority of cases you will escape trouble as long as you keep out of the uterus. The great trouble arises, I think, oftener than otherwise in the hurry in delivering the placenta, that the physician places the index finger in the cervix, takes hold of the placenta, and by that means carries septic matter into the uterus. If he keeps his finger out of the uterus there will be very little trouble of the kind. The parts should be pretty well protected, and so long as we do away with douching we are pretty safe unless we carry in something on our hands. Instead of using the glove it is much easier and more easily done to use some collodion, especially on the index finger, and any part that is to go inside of the uterus. It soon dries and covers up any material that may have been left on our hands of a septic nature. Of course if we can take the time to make our hands aseptic, which we cannot always do, we shall have no trouble; but if we are the only one in attendance on the case our hands become septic, we cannot sterilize them completely, and under the circumstances I think collodion better than the glove.

DR. CLARK: I am sorry that the impression seems to have gotten out among the men that these were ideal conditions, and conditions that obtain only in hospitals. They are ideal conditions, but the line of treatment I have carried out should be carried out in every case whether you have a nurse or not. Of obstetric confinements the majority of them I have had have been in the hospital. All these but ten or fifteen were charity patients, made up of the riff-raff from the slums of Chicago, and the advantage of having them in the hospital was offset by the character of the patients. These conditions can be carried out whether you are in the country or in the town, This thing of making excuse for lack of technique because you are a country doctor is only a slip shod method of trying to shift the blame off onto somebody else. The country woman, as a rule, is a big strong woman. If you haven't had time to disinfect your hands before you get to the case it is very seldom they have not got boiling water you can put your hands into for a minute. I believe every man should have an obstetrical bag and use that for obstetrics and that alone. The price of one or two confinement cases will buy a complete obstetrical outfit and do away with lots of trouble. A woman can be confined on a doorstep or right on the sidewalk or right on the floor if you are careful and leave her alone and do not use your dirty hands in the vagina or vulva. Every man ought to have at least four towels in his grip, that are sterilized. It is an easy matter to take a sterilized towel in each hand and use the surfaces that touch his hands and not infect the wound.

A great many of us get into serious trouble because we have been worshipping at the shrine of antiseptics. It is a snare. Too many of us because we have as a rule, a general run of good luck swell up and rear back on our dignity and good looks, and the first thing we know we have two or three virulent cases and lose some of our patients. Sometimes we need something of this kind to bring us to our senses. A doctor attending an erysipelas case is not necessarily ruled out of attending confinement cases. Every doctor has a closet where he can put his clothes and grip. Put your clothes in there and fumigate them. If you haven't anything else make a good strong antiseptic solution, and wash yourself.



**GASTRIC ULCER AND ITS MEDICAL TREATMENT.\***

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A gastric ulcer is the result of a destruction of the gastric mucosa and at times of the deeper structures, of the nature of a degeneration or necrosis. It may be acute or chronic, with or without a tendency to cicatrization. On the autopsy table an ulcer or scar is found in 3 to 10% of the material, varying no doubt with locality and the expertness of the examiner.

The etiology of this subject is a paper in itself. In this paper we shall not attempt to give all factors concerned in their production, or all experiments performed, but simply those which appeal most strongly to us. Great discrepancy is found among the writers in regard to the frequency of ulcers in the two sexes. This is probably due to the inattention given to the acute and chronic varieties. The acute occurs much more frequently in woman, and the chronic in man. This same thing applies to the age factor. Acute ulcer appears in the first three decades of life, and the chronic during middle and advanced life.

The stomach, being the most abused organ in the human anatomy, receives much trauma that may cause an erosion. This erosion readily heals in normal, healthy organs. Yet, given an erosion with a hyperacidity and a coexisting anemia, healing does not take place, but the condition grows worse. This has been proven in experiments on dogs. Dogs with artificial anemia and hyperacidity will often show gastric ulcers. A loss of the mucosa in these same dogs always locates an ulcer which does not heal until the coexisting conditions are relieved. The embolic theory has lost much ground lately for the lack of an experimental concurrence, yet it remains that if the circulation is obstructed by whatever means, the gastric juices will digest that portion of the mucosa. Lack of alkalinity in the blood streams has always been mentioned with the circulatory causes.

Doctor Van Ijzeren, a Dutch experimenter, has produced ulcers like in all respects to the human ulcer by division of the pneumogastrics below the diaphragm. These sections were followed by paresis and more or less permanent contracture of the stomach, which later developed ulcers in one-half the cases. No hyperacidity existed in any of the experiments. By incisions parallel with the axis of the stomach through the muscularis ulceration was prevented eleven times in twelve trials. Gastroenterostomy was a less constant prophylactic. As a deduction therefrom Doctor Van Ijzeren stated that ulcers are due to a muscular

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spasm which obliterated the blood vessels, thereby producing a necrosis. This spasm is brought about in the stomach by food passing the duodenum, as proved by the prophylactic action of gastroenterostomy. By this section the vagi play the part of a secondary neuron.

Along this same line Doctor Dalla Vedova, of Rome, has experimented with the solar plexus, vagi and splanchnics by resection and injection of pure aseptic alcohol. Fifty per cent of the animals so operated upon showed distinct necrotic changes in the gastric mucosa. Hyperacidity was found in many of the cases. From a long series of experiments of this kind he drew the conclusion that many ulcers were due to changes in the abdominal sympathetic system. Ulcerative precesses so produced were chiefly located in the antrum pylori. The gastric coats, minus their normal nerve supply, were readily attacked by the gastric secretions.

Too little has been said in regard to septic conditions that may produce ulcers. In all parts of the body we see ulcers originating from septic causes. It is undoubtedly a fact that the normal stomach is well prepared to handle a certain amount of infection, but when abnormal, is open to serious infection. The oral and intestinal mucosa shows us many examples of this type of infection. Mild infection of the gastric mucosa leads to gastritis, gastritis to hyperchlorhydria. With a slight trauma, plus infective agents, we have a perfectly ideal area for an ulcer. This with continual chemic and mechanical irritation becomes practically unhealable.

In the above I have attempted to bring before you the fact that not one factor is the cause of gastric ulcer, but that these factors working together may produce this result,—also that all ulcers have not a common origin. Our pathology also demonstrates to us that many features are at work in their production. The acute ulcer, microscopically, is usually small, round or oval, with a punched out appearance and shaped as a truncated cone. No granulations appear at the base and the edges are thin and pliable. Fifty per cent. of acute ulcers occur in multiple form. The chronic ulcer occurs single, very irregular in shape, size variable, with its long axis usually transverse. Edges are indurated with cicatricial processes. The peritoneum is often thickened with adhesion to nearby organs. It has frequently occurred that the base was formed by the nearest organs. In the distribution of ulcers over the gastric surface but few tables are given wherein the two varieties are separated. Fenwick, in his analysis of cases, in this regard finds that seventy-five per cent of the chronic ulcers are found in the pyloric extremity, and the acute ulcer was about equally located in the three segments. This distribution has an important bearing on the treatment.

In the symptomatology we meet with some of the most complex problems. Allow me to draw a general picture of a patient suffering from this malady: Patient states that trouble is of long standing which has gradually grown worse; began with pressure and distress with belching of hot acid water after eating. Later, more or less acute pain with some nausea soon after eating but disappearing by next meal time; is afraid of food; vomiting was uncommon at first, but now quite regular, which gives relief; appetite fair; only rarely do they recite hemorrhages. Patient shows good appearance but has a low red cell count and low hemoglobin. Depending on the length of time trouble has existed, there is a degree of emaciation. Each symptom having its own peculiarities compels us to take them up separately. The pain of gastric ulcer occurs at the height of digestion, influenced by the character of the food. It is paroxysmal, of burning, stabbing character, felt in a circumscribed area in the epigastrium. At times and in certain patients it may be diffused, radiating to the back and thorax. A characteristic feature is the fact that pain appears one and one-half to three hours after eating, although the fasting stomach may cause pain due to gastrosuccorheic conditions. Pressure increases, while relaxation tends to relieve it. After an attack of such pain soreness is present. Adhesion may change both the character and the location of the pain.

Painful pressure points, located in the epigastrium and dorsal regions, are found in about one-third of ulcer patients. In the epigastrium such a point is usually in median line, possibly to the left and less frequently to the right. In females it is usually lower than in males. The same point in dorsal region is found usually to the left of the median line, between the seventh and twelfth dorsal vertebrae.

Vomiting is less frequent than the cardialgic attacks. Though pain and vomiting frequently appear together, we may have either one or both in the same case. Many patients never vomit. In fact, nausea and belching is more common. When vomiting does occur, its regularity and occurrence at the height of digestion are prominent features.

The vomitus is highly acid, with sour odor, containing both coarse and fine particles of food. In general, digestion has progressed farther than is ordinarily expected. Hematemesis occurs in about one-third of the patients, but one must be certain that it comes from the stomach. Hemorrhage varies from microscopical amounts to a fatality. We may have all grades of anemia, depending on the severity of the hemorrhage. Examination of the stomach contents after a test meal usually shows a high total acidity, increased chemism and a high value of hydrochloric acid. As indicated by the etiology we may have an ulcer without this being true.



The complications of ulcer, perforation, hemorrhage, contractures, subphrenic abscesses and carcinoma are remarkable for their seriousness.

The prognosis of ulcer depends greatly on the duration of the trouble and the existing complications. Today the mortality is eight to ten per cent. Accidents are liable to occur at any moment.

The diagnosis is extremely difficult in many cases, but the great majority should be recognized. A carefully written history should be made in every case. Often it is of extreme value to repeat this. Stomach contents examination is absolutely imperative in every case. Each symptom must be analyzed alone. At times the patient will have to be under observation for some time. The diagnosis of the condition alone will not do, but the complication must be recognized.

To see a rational treatment we must know the mechanism of healing of an ulcer. At first there is an inflammatory proliferation of the connective tissue at the base of the ulcer, which by gradual contraction leads to cicatrization. This can only occur in small ulcers. Large ulcers must heal by granulation, as do ulcers in other parts of the body. The paramount question is: Why is a gastric ulcer so tardy in its repair?

1st. Because of continual thermic, chemic and mechanical irritations.

2nd. Because of the lack of rest.

3rd. Because of the co-existing hemic and vascular conditions.

4th. Because of its infected area.

The answer to this question shows us a way to the rational treatment of gastric ulcer. To meet the named conditions patient must be placed in bed, preferably in a hospital, there to remain at least three weeks. Nothing is to be given by mouth the first three days except a little water and cracked ice. Nutrition is to be supported by one of the nutrient enemata every six hours. For the next ten days or two weeks the diet consists of milk, meat solution and bouillon given in small quantities at frequent intervals. The pain of this period is usually relieved by hot compresses to the epigastrium. During the second period of ten days to two weeks we may use the diet of Leube, which consists of boiled calf brains and thymuses, boiled chicken or pigeon gruel, tapioca, milk mush, finely scraped raw beef and oatmeal. The diet of the third period, of the same length of time as the other two, is articles of the two other periods plus half-rare broiled beef steak, scraped raw ham and mashed potatoes. To this last diet, after this period, are slowly added food stuffs of easy digestibility, depending upon the patient's condition.

To reinforce the diet and rest treatment we have many drugs which can be used with the greatest satisfaction. The bismuth treatment is



the oldest and of undoubted value in the early stages. Large doses the first thing in the morning, after which patient lies quiet for one hour, are very useful. When we know of a high acidity we may add an alkali as we do in hyperchlorhydria.

Gerhard warmly advises silver nitrate in solution in those cases which have pain with a fasting stomach.

Carlsbad salts are advisable from the second week on. By careful regulation of these salts the bowels are kept in perfect condition. These salts also influence the hyperacidity. After the first week in the anemic cases iron preparations and arsenious acid are indicated. Of the iron preparations, a two per cent. solution of the sesquichloride of iron in one drachm doses is one of the best, although some of the organic iron preparations have been successful. Expressed juice of raw beef steak is a valuable adjunct here. If morphine is given it should be given with atropine, since morphine increases the gastric secretion.

A patient with a hemorrhage should be placed in bed, with ice packs to epigastrium, and kept quiet with morphine. Gastric lavage with ice water has been advised, as also with adrenalin chloride. Stimulants at this crisis are of questionable utility, as the majority increase the blood pressure. Normal salines have met with some success, yet one must use them with great caution.

In perforation and contracture a surgical intervention is our only hope.

When we have continued hemorrhages and cardialgic attacks after the rational treatment has been carried out, surgical consultation must be had and acted upon.

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### CARCINOMA OF THE STOMACH.

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Carcinoma of the stomach is a disease which is generally first encountered by the general practitioner, and is of sufficient frequency and importance to warrant at this time a thorough review and discussion of its history, symptoms, differential diagnosis and treatment. In its early stages it is a condition that is very difficult if not impossible of recognition as a distinct disease, hence it is very important in all cases of doubt, that the counsel and assistance of the surgeon should be early sought as thus frequently some lives may be saved and much suffering averted, and life very materially prolonged.

The stomach, barring the uterus, is the most common seat of internal

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cancerous disease, which for the most part, occurs in persons over forty years of age, or after middle life, and I believe occurs in almost the same ratio in the male and female sex, being about five to four in favor of the male.

The varieties of the disease are the epithelioma, scirrhus, medullary and colloid; for a description of which we respectfully refer to any standard work on pathology and morbid anatomy. Of these the scirrhus form is perhaps most frequently encountered. The region most commonly affected is the pylorus and lesser curvature; however no section is exempt, and the fundus as well as the greater curvature frequently become the seat of primary infection. It may spread widely over the surface of the organ and may involve neighboring ones, as the liver, spleen, pancreas, omentum, etc. This involvement may occur by continuity of tissue or by metastasis. In fact any gland or tissue of the body may become involved through this metastatic process. The growth has its origin in the mucous tissue and in its progress has a tendency to slough through the mucous membrane, in which event there is liable to be hemorrhage in the form of haemoptysis or hematemeses.

Alcoholism, previous ulcer, mental worry, and a family history of cancer or tuberculosis, are considered predisposing causes.

The literature on this part of our subject is rather vague and indefinite. In only a very small percentage of all cases is it possible to trace a definite family history of cancer or tuberculosis; and in none of the cases that have come under my personal observation was it possible to elicit the slightest trace of such a history. A history of alcoholism and previous ulcer in some cases can be more clearly traced.

As already stated the early symptoms are vague and indefinite, and may be classed as the functional disturbances; as anorexia, nausea, vomiting, hemorrhage, pain, constipation, etc. The loss of a desire for food is a fairly constant and valuable symptom, since it makes its appearance early. The sight of food frequently becomes repulsive and nausea may become a striking feature of the case. Vomiting, while a fairly constant symptom, varies materially in different cases. It may come in paroxysms only. If the cancer involves the pylorus it may be deferred for an hour or more after eating; if at the cardiac orifice it will make its appearance earlier; and if the fundus, the lesser curvature or other portions of the stomach wall are the seat of infection it may be entirely absent.

Hemorrhage is rarely profuse, and as a rule is a later symptom, the blood is generally mixed with the stomach contents, becoming altered and dark, giving rise to the so-called coffee ground vomit. In some cases it is a very early symptom, is profuse and bright red in character. Pain

which is perhaps one of the most common and important symptoms of this disease is generally referred to the epigastrium, but may be reflected to the shoulders, back, and loins. Patients generally describe this pain as burning and gnawing in character. The pain may be aggravated by taking food, but rarely becomes gastralgic in character as does that of ulcer in the stomach. There is generally a remarkable tenderness upon pressure in the epigastric region. The bowels are as a rule constipated, in some cases obstinately, and rarely do we have diarrhea.

These functional disturbances are sooner or later followed by a train of general symptoms which can not well be mistaken and should be conclusive even to the tyro.

Anemia is a fairly early symptom and sometimes is so marked and profound that it is mistaken for pernicious anaemia. This anaemia coupled with the progressive emaciation soon gives rise to that ashen sallow appearance of the skin known as the picture of cachexia. The progressive loss of weight and emaciation is a constant and decisive symptom. In some cases, however, under proper dieting with relief by treatment of the catarrh of the stomach; in cases of cancer of the pylorus with dilatation by lavage; and after profound mental impression from exploratory operation or otherwise, increase in weight to a considerable amount has been reported.

There is in all cases some rise in temperature, however this rarely is excessive, and some cases at times show the temperature subnormal.

A tumor is frequently present especially at the pylorus, which may materially assist in the diagnosis. The situation of this tumor in the stomach wall may vary greatly, and when situated over the aorta may emit pulsating movements, and on this account it has been mistaken for aneurism of that vessel. This tumor mass when situated at the pylorus will gradually produce obstruction and causes dilatation of the organ, with its resulting physical signs. Stenosis of the cardiac orifice is sometimes produced in the same way. Loss of strength and weakness are commensurate with the anaemia and loss in weight. This symptom of weakness and fatigue coming on at more or less frequent intervals, observed in all cases, impressed me more than any of the so-called general symptoms. The patient feels as though every support beneath him was giving way. He sinks exhausted and almost lifeless upon his bed, and feels that his last moments are rapidly approaching. However, after a few days rest in bed with some stimulating and restorative treatment, the condition subsides and he gets out feeling very much better, and builds up a false hope that he is nearing rapid recovery, only to be disappointed in a few weeks or a month, with another and if possible,



a more severe attack. These paroxysms of weakness make their appearance in some cases very early.

A condition on which much stress is laid and which in many cases is very valuable is the examination of the stomach contents after the Ewald test meal, and the Boas test meal, for the absence of hydrochloric acid and estimating the increase of lactic acid, it being fairly well established in all cases of carcinoma there is an absence of free hydrochloric acid. Should the cancer, however, have developed on the site of or in the cicatrix of an old ulcer, this symptom may be negative. It is, however, sufficiently constant to merit an early application for the purpose of reaching an early diagnosis.

The average duration of carcinoma of the stomach is from about one year to eighteen months, and very rarely may be prolonged to two and one half years.

The diseases or conditions which ought to be differentiated from carcinoma are chronic gastritis, gastric ulcer, pernicious anaemia, cancer of the pancreas, etc.

After the cardinal symptoms of progressive emaciation, anaemia, pain, tumor, coffee ground vomit, dilated stomach, absence of hydrochloric acid with presence of lactic acid and a deep-seated cachexia, have developed and are clearly before us and occurring in an individual over forty years of age, we should have no difficulty in arriving at a definite conclusion even in the absence of a tumor and the characteristic vomit. The difficulty generally lies in being able to make this differentiation sufficiently early to be of benefit to the patient or before the operative period has passed.

Chronic gastritis in contrast with cancer, may occur at any age, pain and tenderness are less marked, vomiting is not common, hemorrhage rare and when it does occur is in considerable quantities, no fever, loss of flesh is not marked, there is no decided anaemia, no cachexia, profound weakness does not occur, there is no tumor and it is amenable to cure.

Gastric ulcer occurs most frequently in early adult age, and more in the female, the pain is gastralgic in character and may be excited by taking of food, is located in the epigastrium, but is generally circumscribed, indigestion may be slight, tumor is very rare, hemorrhage may be common and generally profuse, no fever as a rule. It will recover or become chronic and continue for a long period. There is no lactic acid after a Boas test meal and usually there is excess of hydrochloric acid. In gastric ulcer with cicatricial pyloric thickening and stenosis (with gastric dilation) the difficulty of differentiation is increased because this condition exactly resembles cancer of the pylorus. The



history of the case, the comparative youth of the patient, hemorrhage and the probable excess of hydrochloric acid are the distinguishing points.

In pernicious anaemia, the absence of the characteristic vomit, the examination of the stomach contents, the less marked emaciation, the usual absence of pain and especially the examination of the blood, are the cardinal points of distinction.

In cancer of the pancreas if there is a tumor present, it will be immovable. There is generally some jaundice, hydrochloric acid is present, and coffee ground vomit is always absent.

I now desire to present a few clinical cases which I think are somewhat in harmony with the foregoing statements.

CASE 1. Mrs. C. age about 45 years, nationality, Irish. Mother of six children. I found my patient in bed suffering from profound weakness and collapse, unable to move hand or foot, with severe pain, incessant vomiting and inability to take food of any kind. A tumor the size of a large orange was clearly palpable at the pylorus, and dilatation of the stomach was already clearly marked. The matter vomited was not characteristic and contained the stomach contents only. The only conclusion to be arrived at in this case was scirrhus carcinoma of the pylorus. After several days of restorative treatment, the above symptoms subsided somewhat and she did fairly well, but in several weeks another similar but more severe attack came on and the late Dr. C. W. Adams of Kansas City, Mo., was called in consultation. He confirmed my diagnosis and ventured the opinion that with the apparent stenosis of the pylorus then present, my patient could not live more than two or three weeks. This opinion haunting the patient, with no hope offered for recovery, she began to grasp at straws. Some kind friend assured her of a doctor in Kansas City, Mo., who could absorb the tumor by electricity. She sought her saviour and after depositing \$25.00 received a treatment which apparently gave relief, and also gave new life, and hope for an early recovery. This, however, proved a vain hope as the second treatment which followed in a few days had the effect of precipitating another and still more severe attack;—another straw was seized. She had found another ever-ready adviser who directed her to go to Excelsior Springs, and the water there would absorb and wash the tumor out through the bowels. She and her daughter remained at the springs several weeks with no better results, and in a very short time after her return home the inevitable occurred. In this case the landmarks were so clearly and distinctly defined, and the physical signs so well marked that error in diagnosis was impossible.

Early diagnosis and operation might have benefited this patient to a remarkable degree.

CASE 2. W. D. M.—Bookkeeper, age 46, nationality, Welsh. When about 40 years of age suffered a very severe attack of gastro-duodenal catarrh, and periodically, had what seemed to be a recurrence of the old disease. The attacks would readily subside under the administration of phosphate of soda and intestinal antiseptics. In August of 1899, while I was out of the city for an indefinite period, my patient was seized with a profound attack of prostration and collapse, nausea, complete anorexia, pain in the epigastrium and some cough. For a short time he sought relief through the old remedies I had formerly prescribed, and which had always brought prompt relief. This time, however, less was accomplished and as soon as sufficient strength was regained to enable him to make the trip to Kansas City, Mo., he consulted one of the ablest surgeons of that city who diagnosed the case as pulmonary

tuberculosis and advised immediate change of climate to Phoenix, Arizona. Not being satisfied with this opinion, he sought the counsel of one of the oldest and best general practitioners who confirmed the diagnosis of the surgeon. Armed and supported by these opinions, with his wife and little daughter he started for the desolate plains of Arizona, where he eked out a miserable fall and winter among strangers at the end of which, much reduced in strength, worn out, he determined to return home by way of California. Arriving in Los Angeles he suffered another attack of weakness and collapse and called medical aid. There was in this case, extensive involvement of the liver, the whole organ being extensively enlarged so that the left lobe covered the entire stomach and forming a tumor mass which extended below the line of the umbilicus. This tumor mass rested upon the aorta in such a manner that with every heart beat a distinct pulsation was communicated to it. This led to error and the attendant made a diagnosis of probable aneurism of the aorta. So soon as travel could be safely resumed, he started directly for home and when he reached the high altitude of Leadville, Col. he suffered a perforation of the stomach wall and the hemorrhage was so profuse that it almost proved fatal. He was, however, so anxious to reach his home alive that he wired me to meet him en route, which I did at McFarland, Kansas, and succeeded in getting him home in a practically lifeless condition. In addition to the large quantity of blood already vomited, great volumes were voided from the bowels after reaching his home. As a dernier ressort, I put my patient on Marchand's Glycogen and strange to say with it, and under the reviving influence of his old time friends he again rallied, taking considerable quantities of liquid food with some relish for a period of about two weeks and even expressed the hope of recovery. At the end of about two weeks however, he suffered a violent chill which was followed by a temperature of 107 degrees F. The right knee joint became enormously swollen, and violently painful. A septic arthritis had developed from absorption through the perforation in the stomach wall. He died at the end of 48 hours, and an autopsy which he had requested I should make revealed a large broken down tumor mass in the lesser curvature of the stomach at the margin of which had occurred a large perforation through the stomach wall from one to one and a half inches in length. The liver was enormously enlarged and infiltrated. As already stated the left lobe covered the entire stomach to a line below the umbilicus and resting upon the aorta in such a manner as to lead one to believe that an aneurism was in evidence.

I feel assured that in this case had every means been applied that science has placed in our hands for making a diagnosis; and such application made early, the egregious error, of making a diagnosis from a superficial examination of pulmonary tuberculosis, and the subjecting of this patient to an exile in the depressing surroundings of the pulmonary resort like Phoenix, Arizona, could not have occurred.

CASE 3. T. H. B.—Painter, age 56 years, nationality Welsh. In the early spring of 1904 he began complaining of an indefinite weakness and fatigue with inability to follow his vocation. Pain which was burning and gnawing in character soon made its appearance. Loss of appetite was complete, the small quantities of food eaten were frequently vomited, but no blood was visible. The bowels were obstinately constipated. No tumor could be detected, and the physical signs of dilatation were absent. A decided cachexia with a mild jaundice, developed very early. There was slight fever with the heart action always in good condition.

I treated this case about one month, but not having made a success of it, this patient also went after strange gods, and making the rounds as they generally do, finally wound up in the hands of the German-American outfit of Kansas City, Mo., who evidently treated the case for pernicious anaemia; as they told my patient it was alto-

gether his blood, and that it was entirely a matter of getting that fluid into proper condition, and he would be a well man. He, however, soon became so weak and emaciated that he could no longer leave his bed to go to Kansas City and in January 1905 I was recalled to take charge of the case. I now went over the case very carefully, and as the general symptoms had become so clearly and prominently developed, I had no difficulty in deciding that I had a cancer of the pylorus or the head of the pancreas (or both) to deal with, and so informed Mrs. B. He lingered critically until May 16, 1905. My colleague, Dr. O. M. Longenecker kindly assisted in an autopsy which revealed a number of modular masses in and about the pylorus with a general thickening of all the tissues. The head of the pancreas was also involved. A microscopic examination showed this to be adenocarcinoma.

There is no medical treatment for carcinoma of the stomach other than that calculated to relieve or palliate the various conditions that may arise during the progress of the disease. The rational treatment must therefore resolve itself into early correct diagnosis and if possible early thorough operation for its radical cure.

#### DISCUSSION.

DR. PORTER: One remark, that the author of the paper made,—the difficulty of making a diagnosis. This has been very thoroughly impressed upon my mind within the last year by a case which came under my observation. The case was that of a young lady about twenty-seven years of age who had consulted me some three months before for a pain in the right epigastrium. I examined her as I thought very carefully and made a diagnosis of disease of the gall bladder or bile duct. I did not see the case any more until called in hurriedly one Monday afternoon to find her lying on the porch writhing in pain. She referred her pain almost entirely to the right epigastrium, about the point of the ninth rib. The abdominal muscles were relaxed, the pulse was seventy-two, the temperature slightly below normal. The pain was very severe. I watched the case for a short time and made a diagnosis of perforation, perhaps of the gall bladder or bile ducts, or the duodenum. I summoned one of the leading surgeons of Topeka in consultation and for fear that I might bias his opinion in some way I declined to give him any history of the case, as the family were intelligent people and he could obtain the history from them without any coloring from me. He did so, and strange to say, he made the same diagnosis, almost, I had made, and advised an operation. This of course, was my idea of the proper thing to do. The pulse was gradually creeping up, the temperature was rising slowly, the symptoms indicated something of a very severe nature, and declared something must be done of a radical nature. This surgeon performed the operation, with my assistance, made an incision in the right rectus muscle, examined the gall bladder, gall duct, pyloric end of the stomach and duodenum; there was absolutely no evidence of any peritonitis so far as we could determine. The appendix was brought into the incision. It manifested evidence of some old inflammation which had entirely subsided.

No pathological condition being found in the abdominal cavity, the incision was closed. The condition of the patient remained the same. While being removed to her room, her bowels moved very copiously, the movement being very foul smelling. Almost immediately the symptoms began to improve, the pulse and temperature in a few hours reaching the normal point, the bowels moving several times more. This led us to believe that the trouble was caused not by any lesion of the alimentary tract, but by absorption of ptomaines. The day following the operation, the condition of



the patient was excellent,—no pain, and no tenderness anywhere except in the vicinity of the wound; pulse and temperature normal; the look of anxiety and suffering was gone from her face, and in its place was a look of happiness and well-being, such as you might see on the face of one who had passed a severe crisis and felt that recovery was well in hand. I visited her about midnight of the day following the operation. Her pulse was a little more rapid, but other symptoms were unchanged. About 3 o'clock a. m. I was summoned hastily to see her; she uttered a few delirious sentences after I arrived, sank rapidly into a coma from which she never aroused, and died about 11 o'clock a. m. of that day, about 36 hours after the operation. The autopsy revealed a general peritonitis, and a perforating ulcer about one and one half inches to the left and back of the cardiac orifice of the stomach. This case was marked by the absence of symptoms. At no time was there rigidity of the abdominal muscles, neither was there retraction nor distension. While she frequently said that she "hurt all over," she invariably referred the origin of her pain and point of its greatest intensity to about the point of the ninth rib on the right side. The marked improvement after the free evacuation of her bowels, misled me both as to the diagnosis and prognosis. I wish to state that there is no reflection to be cast upon the surgeon who performed the exploratory laparotomy for failing to find the perforation, as from its location in the vault of the diaphragm, it was only with the greatest difficulty at the autopsy that the origin of the trouble could be found.

DR. GRAY: This subject of carcinoma of the stomach is especially interesting to me from the fact that we all agree that where a person is afflicted with carcinoma of the stomach there is absolutely no medical treatment that offers any hope whatever. While on the other hand the work done by surgeons in the last few years, and especially the work that has been done recently by the Mayo Brothers in this country, has demonstrated pretty conclusively that there is great hope of relief for many of these cases, and also the earlier they can be operated upon the greater prospect for permanent relief. It has also been demonstrated that the mortality attending these operations is extremely low. If I remember rightly, the last twenty cases I think, operated upon at Rochester by the Mayos, the mortality from the operation was something like three per cent. I might be mistaken about that but it was not higher than that.

Last Saturday night a week ago, I presented a man at the Academy of Medicine at Kansas City, Mo., from whom I had removed about two-thirds of the stomach also the hepatic flexure of the colon; a case that could not be regarded as a favorable case for operation, yet the result obtained is very gratifying to the person. He now is engaged as a traveling salesman for a mercantile company and has gained some fifteen or twenty pounds since he left the hospital on the first of March, looks well, and I believe has a prospect of a number of months of freedom from the trouble.

Of course, medical treatment offers nothing. I do not believe any one will contend that there is any relief for these cases from a medical standpoint; hence the early recognition of the trouble is the important thing.

DR. BLASDEL: Several thoughts have suggested themselves during the reading of the papers, and the discussion since, and the first is as to the cause of gastric ulcer. We find in reading all the writers that the stomach digests itself, or we get infection or something of that sort, it has much lower resistance. It is not on the same plan that the surgeon operates and opens and drains a belly full of pus, cuts his finger; the patient gets well and the surgeon dies. We have the infection because we have the bacteria present all the time.

Another thing; I would like for him to have been more specific in his technique. We find the great trouble in diagnosis. We know there is no medical treatment of



carcinoma of the stomach. We put the patient to bed and absolutely stop all feeding by the mouth, and use rectal feeding.

I remember one case in particular. There were none of the landmarks of carcinoma. I was called to see him and found a little malaise; the second day afterwards I was called to see him, and he had vomited a great quantity of blood. I went over him carefully and could not find that point of pressure I ought to have found. He got up and went about his business again, then there came that gradual decline we see in malignant trouble. I called good counsel and the counsel thought it was pancreatic trouble. By the time I found the enlargement it was too late to do anything. I got a postmortem and found the liver bound in a mass of adhesions. I think with our modern surgery the abdomen should be opened and an exploratory incision made.

DR. STERRETT: It is not always an easy matter to make a diagnosis. I will recite a case of ulcer of the stomach which went on to perforation. The man had been for about thirty days rather severely jaundiced. He came to the hospital because of collapse. We thought he had a perforation of some kind,—the gut or gall bladder. Dr. Hughes operated on this case and found he had perforation,—ulcer perforation. The illustrated thing about this case was that the man gave no history. His first sickness was due to what would naturally come in connection with jaundice, a perverted appetite. He worked up to the day he came to the hospital at eleven o'clock. This case was one in which the man had become jaundiced from catarrhal condition, or from hepatitis possibly. This ulcer perforated about ten o'clock, and he had a feeling of something torn loose; he was sent to the hospital, opened up and showed considerable amount of food in the abdomen. Death occurred. The ulcer gave no symptom. He did not vomit, he did not have any pain after eating. He ate his three meals a day, and worked right straight along. The post mortem findings in this case were that this man had a great many cicatrices in the stomach. The ulcer was located near the pyloric opening.

DR. RIDDELL: The treatment is very important, and the essayist on ulcers of the stomach mentioned the periods of time, the first, second and third stages. The period of time, I would think, is absolutely out of the question. I have in my experience treated a number of these cases. In one case I nourished the patient for about twelve weeks on rectal enemata of milk and eggs. Another case where I had severe hemorrhage I requested that they permit me to make an exploratory incision. The patient got well after a period of three weeks complete rest.

I have for the last few years made it a practice to give very large quantities of olive oil to these patients as soon as they can take liquid food. That idea I got from a surgeon in the Philippines. You would be surprised at the amount of food a man will take while lying in bed on his back, taking injections of olive oil, and taking milk and eggs. As much as two ounces three times a day, some patients will take. Give it to them over a long period of time.

DR. MURPHY (Kansas University): This symposium has been very profitable. The essayists show clearly that they have seen cases of ulcers of the stomach and carcinoma of the stomach, but what is more important they have profited by their observations. The essayist who considered gastric ulcer, brought to our notice one point which has been brought to our notice by all writers for the last seventy-five years; that is the frequency of the condition in women. According to statistics which are so often quoted from the Massachusetts hospital, five to one occur in women as to men.

Then, another thing, and it seems to me this has a bearing upon the etiology of gastric ulcers, that in women the age at which gastric ulcer occurs is much less than that in which it occurs in men. Osler says that the majority of cases in women occurs

from fifteen to twenty-five, and of men between forty and fifty. This suggests this and this has been written by Kinney, and Joslin, from the Massachusetts hospital, shows there is a difference between gastric ulcer in men and in women. We know that heart disease and liver disease do cause gastric ulcer. In advanced age we look for ulcers from these sources.

We have heard, and it has been recognized for a long time that ulcers come from burns of the skin.

It is probable that two facts are established in the study of gastric ulcer, and these are, that there is a limited destruction of tissue in the mucous membrane of the stomach. Secondly, that this is digested out. The ulcer shows this, but more important, the area around the ulcer shows micro-organisms.

Whether or not anaemia, and that has been considered by several men who have discussed the papers this evening, is the first cause of gastric ulcer, has not been determined. Surely it is a contributing factor. One of the gentlemen who discussed this a moment ago emphasized this idea by nourishing the patient, raising the resistance, increasing the resistance as early as possible. It is the great therapeutic indication in treatment of gastric ulcers. It seems to me in the years gone by too much has been said of the mechanical irritation of the surface of the ulcer from food. Recently it has been shown by operations on the stomach that when the stomach wall is opened under local anaesthesia that the wall of the stomach may be punctured and cut without evidencing pain. We only have pain from the gastric ulcer when distention of the peritoneum has taken place. The more painful are those situated at the pylorus, because the part that is most movable causes more contraction of the peritoneum, so from this comes the pain in gastric ulcer. Now that gastric ulcer does not come from direct mechanical injuries was shown some years ago in an operation which was made in Kansas City. One of these fakirs who went about the country eating lamp chimneys, and nails, etc, had swallowed knife blades and things like that. The surgeon who operated upon that case told me that the stomach was very greatly distended. In that stomach they searched and looked, but no evidence of gastric ulcer. They found no destruction of tissue; merely a thinning of the walls.

DR. HASKINS: One point in reference to gastric ulcer has always been a puzzler to me. If the ulcer once forms in the stomach, and it is due to gastric secretions, why do we not immediately have perforation? If gastric ulcer is due to digestive action why doesn't it immediately perforate? One point that I would like to ask the consideration of the society: We know that hyperchlohydria is not serious, in fact it is only rather an unpleasant symptom and it is always present in ulcer. My idea is that the reason why gastric ulcer does not result fatal in a short time may be due to the fact that the hyperacidic gastric juices themselves in some manner have some retarding action. I am inclined to the belief that gastric ulcer is bacterial.

DR. LYONS: One of the discussers, I believe, spoke of keeping a patient on nutritive enemata, twelve weeks on olive oil. If the patient was in such straits as to demand that, I believe that was a surgical ulcer, and I do not believe it right for an internal medical man to treat gastric ulcer twelve weeks, running the chances of hemorrhage and the other complications that come so rapidly and fatally, I do not believe we have the right to expose our patients to that kind of treatment. Seven or eight weeks is all I think any of us can allow him unless it is in these lesser cases.

Dr. Murphy spoke of trauma not being a cause of ulcer in this case of this fakir swallowing knives and glassware, etc. That demonstrates clearly that trauma does not produce ulcer. Undoubtedly this glass produced some erosions, small

cuts, but that readily healed and the area was not right for infection, or the anaemia of these excited conditions from the nervous make-up were not there.

I believe I heard the statement that hyperchylorhdria was always present in ulcer. I am certain that it is not so, because it would be diagnostic; We very frequently find an increased acid, but not increased hyperchlohydria. With all of us there will always be a certain amount of ulcers that none of us will ever diagnose.

Diagnosis, is something we can secure with a great majority of cases, not all; and I do not believe more than eighty per cent of them will be diagnosed. One needs consultation always, and always to be ready to call in the surgeon.

DR. BARNETT: My belief is, investigate early and thoroughly and if the case is so strongly marked that it appears there is ulcer or cancer of the pylorus, or any part of the stomach, call in the surgeon and make an operation. Now I believe that there is no medicinal treatment for carcinoma of the stomach other than that which is calculated to relieve the conditions that may arise in the course of a lingering disease of eighteen months. No remedy is known that will have any effect upon carcinoma or cancer of any character, and I therefore would advocate first, make an early correct, diagnosis, and an operation for radical cure of the disease.

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## THE ABNORMALITIES OF THE URINE AND THEIR SIGNIFICANCE.

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For the successful study of this subject it is essential that we overcome that which is common to each of us; viz., an inborn prejudice. Let us therefore free our minds from this, and approach the subject with as little bias as we would a broken bone; since its careful consideration is fraught with importance in respect to diagnosis, prognosis, treatment and the welfare of our patients.

In the preparation of this paper, I have consulted freely Butler's "Diagnostics of Internal Medicine," and Simon's "Clinical Diagnosis." I have endeavored to consider only the essentials, and to leave out the unpractical and all that smacks of laboratory gymnastics.

Normal urine is composed of water and solids in the proportion of 960 parts water to 40 of solids in a total of 1,000. The most important solids are urea, sodium chloride or common salt, and uric acid.

Urine is separated from the blood by the parenchyma of the kidney. Blood circulates through the kidney in contact with one side of a membrane. The cells of this membrane partly by a selective action, but mostly by osmosis take up waste material from the blood and pass it on as urine. The amount of urine daily in health is subject to great variation, owing to differences in individuals and their diet. The average for the adult man is 1200 cc, the adult woman 1000 cc, and for a child between two and twelve years as many ounces as the age in years multiplied by two. These are only averages, and as before suggested



variations are wide. One half these amounts over a short period may be within the range of health. So also may be very large quantities as two or even three times the above averages. For instance, there occurs a physiological increase in cold, damp weather, and following the ingestion of large quantities of liquids. A physiological decrease is seen during the heated season with a dry atmosphere, when perspiration is at its height.

Pathologically the amount is increased in amyloid kidneys. The amount reaches 2000 to 4000 cc, in chronic interstitial nephritis, and 10,000 to 20,000 cc. in diabetes. With the defervescence of acute fevers an increased amount is a favorable sign. Pathologically diminished urine—oliguria—occurs in the acute fevers and congestions, in parenchymatous nephritis, and following great losses of the body fluids as in vomiting, and in severe diarrhea or hemorrhage. The secretion of no urine, (anuria) is rarely met with, and before anuria is diagnosed the catheter should be used to ascertain if there is not retained urine in the bladder. Anuria exists at times in acute nephritis, in Asiatic cholera and following poisoning by cantharides, phosphorus, or turpentine. Death follows complete suppression of the urine on an average in twelve days.

The specific gravity in health is, 1013 to 1025 when the quantity is normal. With quantities in excess of 1200 or 1500 cc. the sp. gr. may be lower than 1013 in a healthy subject. On the other hand if the quantity be physiologically diminished the sp. gr. may be above the 1025 and not be abnormal. The sp. gr. is valuable in determining the excretion of solids. However, it is only a fair index and especially so if it be taken from a single specimen. But considered in connection with the total output for 24 hours, it becomes a most excellent indication of the capacity of the organs to eliminate solids.

These solids amount in the healthy adult to 50-70 grams daily. Diminished solids frequently accompany backaches, headache, neuralgia and insomnia; and are indicative of renal insufficiency. They are greatly increased in diabetes mellitus, in which the sugar output alone may be 2 or 3 times the above total healthy solids. Estimation of the total solids is made by multiplying the last two figures of the sp. gr. by 2.33. This gives the solids in 1000 cc. If, then, more or less than this amount represent the 24 hours output correction has to be made accordingly. Thus I have found the following: Total urine 1 day, 1500 cc. sp. gr. 1009,  $.09 \times 2.33 = 20.97$  the number grains in 1000 cc. But in this case we find we have 1500 cc. Hence we again multiply  $20.97 \times 1.5$  and obtain 31.4, the number of grams of solids per diem, an amount too small by 20 to 30 grams for health.



Urea is present in health in quantities ranging from 20 to 40 grams daily. Its source is the proteids. Its production takes place chiefly in the liver. Increased urea occurs in the acute fevers (due to tissue destruction), and in diabetes mellitus (due to tissue destruction). Urea is diminished in nephritis and renal insufficiency. Greater diminution is seen in liver diseases, (as carcinoma, the cirrhoses, and acute yellow atrophy). In this last condition its excretion may cease altogether. In uremia a lessened urea output is a cardinal symptom.

Uric acid in the urine comes from the nucleins, a class of the albumins. It occurs in normal urine in amounts ranging from 0.4 to 1 gram daily. It is increased by a diet rich in nucleins; as, nuts, peas, beans, sweetbreads, and by such beverages as beer and coffee. It is increased pathologically in leucaemia, in lithemia, in some cases of diabetes, and in acute gout (during and immediately following the attack). The elimination is low in chronic gout, in chronic interstitial nephritis, and in most cases of diabetes. The source, the mode of origin, and the pathologic relations of uric acid, along with those of xanthin bases and other purin bodies, are illy understood. Many theories there are, to be sure, but this very multiplicity shows the lack of accurate knowledge of the underlying processes. These substances may be considered of little clinical importance, especially so until we have better information regarding their relations to pathological processes.

Indican:—the very small amount of this found in normal urine has its source in the large intestine. Physiologically a diet of red meats gives the maximum amounts, while that of milk the minimum. In pathological quantities it arises from disease of the stomach or the small intestine. The presence of a putrefactive organism is necessary to its production. Indicanuria then signifies: (1.) putrid pus in some part of the body, or (2.) putrefaction in the small intestine, or (3.) gastric disease (acute or chronic), especially if accompanied by a diminished or absent HCl. Here comes in carcinoma with marked indicanuria, exceeded by only one other condition, that of ileus. In regard to the importance of indicanuria, Simon says,

“An examination of the urine in this respect is at least as important as the testing for sugar and albumen, and points of decided importance not only in diagnosis but also in prognosis and treatment may thus be gained.”

Normal urine contains no sugar or so little as to be of no clinical importance, and in such minute quantities, its presence is not demonstrable by ordinary tests. An exception to this is when very large amounts, say six or eight ounces, have been eaten; whereby the power of the liver to transform sugar to glycogen has been exceeded and the excess appears in the urine. This is the so-called digestive glucosuria.

A transitory glucosuria accompanies pregnancy, the acute fevers, diphtheria, scarlatina, typhoid, measles, cholera, influenza, and may be due to the action of poisons on the medullary center for the motor control of the liver. The persistent glucosuria is the one of supreme importance, and is met with in thyroid disease, in lesions of the floor of the fourth ventricle, but chiefly in diabetes mellitus. The amount excreted in this disease may be very great, though the severity of the disease is not always to be measured by the amount of sugar. In fact, very aggravated cases of diabetes may be accompanied by a very small sugar output.

The pathological condition underlying glucosuria is not so well known as it might be. How much is to be charged up to the muscular tissue in not utilizing the sugar brought to it by the blood; and to what extent the condition is due to the inability of the liver to transform its sugar supply into glycosuria are questions still unsettled. I take it, however, that with diabetes mellitus there is usually disease of the pancreas and especially of those portions known as the islands of Langerhans.

Albumen pathologically is found in urines in quantities ranging from a mere trace to 2 to 3% by weight. The quantity being in proportion to the intensity of the disease in acute parenchymatous nephritis; while in the chronic interstitial variety the amount may be very small and may be detected only by the more delicate tests, or by finding occasional casts with the microscope. In still more extreme cases a diagnosis of nephritis is made without finding albumen by dependence upon other signs, such as increased pulse tension, arterio-sclerosis, and enlargement of the left heart. The albuminurias may be classified as, (1.) physiological (?) or functional, (2), pathological but not renal. (3), pathological and renal. I use the word physiological with (?) since it is doubtful if there is no pathology underlying the presence of albumen; though there are cases in which none is demonstrable by present known methods. I prefer the term functional for such cases.

1. Functional albuminuria occurs under a variety of conditions: as, present in the evening, but absent in the morning urines (the so-called cyclical buminuria); following a big dinner rich in proteids (dietetic albuminuria); still again during menstruation, or following a cold bath, severe mental labor, deep emotion, or heavy exercise. A case in point:

A man coming to my office to be examined for insurance had husked corn hard his first two days of the season. The urinalysis showed albumen in marked quantity. Four days later there was no albumen. There is none now. A typical case of functional albuminuria from severe exertion; yet who will say that there was no pathologic condition for a few days at least?

2. Pathological albuminuria (not renal) is that in which most of the disease is outside the kidneys themselves and is met with accom-

panying delirium tremens, epileptic seizures, goitre, convulsions, the acute fevers, and diseases of the heart, lungs and liver. It is frequent in urines associated with cystitis, urethritis, and pyelitis. Here the microscope usually shows abundance of blood and pus. Hence that instrument is indispensable in determining the source of the albumen.

3. Pathological (and renal): Here there is disease and almost death of the renal parenchyma. In a healthy condition the cells lining the glomeruli and the convoluted tubules of the kidney prevent albumin from passing from the blood to the urine. These same cells when diseased permit the passage of albumen from the blood, where it serves a useful purpose to the urine where it constitutes a pathological condition. Here albuminuria signifies a nephritis, acute or chronic.

To summarize in a few words: 1. Albuminuria may or may not mean a nephritis, and the mere presence of albumen in a single specimen is not sufficient to condemn a patient as afflicted with an incurable Bright's disease. 2. Glycosuria usually, but not always, signifies diabetes mellitus, which so far as known is a disease of the pancreas. 3. Indicanuria is indicative of intestinal indigestion or the presence of putrid pus in any part of the body. 4. The total solids excreted daily afford a measure of the eliminative ability of the kidneys; while the sp. gr. of a single specimen is only a fair index and should be considered only a step toward the finding of the total solids. 5. Uric acid and its class with our present lack of accurate knowledge is of little clinical importance.

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### **SOME KITCHEN TESTS TO DETECT ADULTERATION IN COMMON FOODS.**

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(We extract the following from Prof. Bailey's article in the September Bulletin of the Kansas Board of Health.)

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#### **APPARATUS AND CHEMICALS REQUIRED FOR THE KITCHEN TESTS.**

In addition to the ordinary kitchen dishes and utensils, the following will be required: A glass funnel about three inches in diameter; some white, cut filter paper about five inches in diameter; and a medicine dropper. The chemicals required are: A 4-ounce bottle of strong hydrochloric (muriatic) acid; a 4-ounce bottle of aqua ammonia; quarter of an ounce of ferric alum; a 4-ounce bottle of alcohol; a 1-ounce bottle of tincture of iodine; a quarter pound of fullers' earth; half-ounce of logwood chips; and a few square inches of turmeric paper. All of these can readily be obtained at any drug-store.



## 1.—Canned Vegetables.

Vegetables put up by reputable manufacturers who think it worth while to keep a good brand on the market are usually of good quality and wholesome. Sometimes, however, we find coloring matter and preservatives present. Notice the appearance of the tin can containing canned vegetables or fruit. If it is a convex instead of concave at the ends, and if when water is poured on the end of the can and the can is punctured bubbles of gas come out through the water, the contents has begun to ferment and are not fit for use.

The only coloring matter usually found in canned vegetable is copper, which is added to produce a natural green color. This is more liable to be found in peas and beans. It has also been frequently used in pickles. To test for copper: Mash some of the sample with a stiff spoon, and put a teaspoonful of the pulp in a teacup, with three times as much water. With a medicine-dropper add thirty drops of hydrochloric acid, and set the cup in a pan of boiling water on the stove. Drop a bright two-penny nail in the mixture, and keep the water in the pan boiling for about twenty minutes, taking care to stir the solution occasionally with a splinter. Pour out the contents of the cup, rinse off the nail and examine it. If any appreciable quantity of copper is present in the food, the nail will be plated red by the copper.

The preservatives most commonly used in canned vegetables are borax, sodium benzoate, and salicylic acid. Sodium sulfite is also sometimes added to bleach the product and to act as a preservative. Saccharin, which acts slightly as a preservative, is used with such vegetables as sweet corn, as a sweetening agent.

To detect borax or boric acid, mash a sample with a tumbler used as a pestle in a tea saucer, add a few teaspoonfuls of water, and strain through a cloth, putting the wet, folded cloth in the funnel.

Collect about a teaspoonful of the liquid, that comes through the filter in a sauce dish, and add to this four drops of hydrochloric acid. Dip into this a solution a piece of yellow turmeric paper about an inch square, and then dry this paper by placing it in a clean saucer over a teakettle of boiling water. If borax is present, the yellow paper will become cherry-red when dry, and if a drop or two of ammonia be put upon it when cold, the color changes to a greenish black.

To detect sodium benzoate or benzoic acid, macerate and filter the sample as above, using a somewhat larger quantity. By squeezing the bag gently, obtain two ounces of the liquid. Place this solution in a narrow bottle holding about five ounces. The ordinary quinine bottle of the druggist is convenient to use for this purpose. Add a quarter of a teaspoonful of cream of tartar and about three tablespoonfuls of



chloroform, and mix thoroughly with a splinter. Do not shake too vigorously or the chloroform will not separate readily from the rest of the liquid. Pour the mixture into a tumbler, and after the chloroform layer has settled to the bottom of the tumbler, with a medicine-dropper take out all the clear chloroform possible, and place one-half of it in a glass sauce-dish and the remainder in a tall five-ounce bottle containing about a tablespoonful of water. Set the dish on the outside of a window ledge, close the window, and allow the chloroform to evaporate. In cold weather the sauce-dish should be placed in a pan of hot water before being placed on the window ledge. When the chloroform has evaporated, if benzoic acid is present it will be seen in the bottom of the dish in small flat crystals. If the dish is warmed, the peculiar odor of gum benzoïn can be readily recognized.

To test for salicylic acid, use the other half of the chloroform solution, which was reserved in the bottle, and add to it a piece of iron alum about as large as the head of a pin. Shake the mixture and allow the chloroform to again settle to the bottom of the bottle. If salicylic acid is present, the upper layer of the liquid, or the line separating the two liquids, will be of a purple color.

Saccharin is used in the place of sugar to sweeten various food products. It is made from coal-tar and is about 500 times as sweet as ordinary sugar. To detect this substance, the sample of food is extracted with chloroform as described in the method for detecting sodium benzoate, and the chloroform solution is allowed to evaporate in a glass dish in the open air. If a considerable amount of saccharin is present, the residue left in the dish will have an intensely sweet taste.

## II.—Canned Fruit.

There is very little excuse for the use of preservatives, and one at all for the use of artificial coloring matters in canned fruits. The preservatives mentioned under canned vegetables are those more commonly used, and the methods for their detection given in the previous section may also be applied to canned fruits.

## III.—Jams, Jellies, and Preserves.

There is no class of food products, with the exception of spices, so commonly adulterated and sophisticated as jams and jellies. The basis for the cheap jellies is often the pumice or refuse from the cider-mill, the sweetening is glucose or corn syrup, the coloring matter is a coal-tar dye, and the use of a preservative is almost always necessary. Starch is also often used as a filler or gelatinizing agent.

To detect a coal-tar or anilin dye, mix a few teaspoonfuls of the jam or jelly with some water and filter through filter-paper. The filter-

paper should be folded across the middle, and again at a right angle to this fold. Place in the funnel so that there shall be three thicknesses on one side and one on the other. Moisten the paper with water to hold in its place. Add a few drops of hydrochloric acid to the filtered solution of the jelly, and place it in a teacup in a pan of boiling water on the stove. Boil a small piece (about an inch square) of white woolen cloth or nun's veiling with a little soap, and, after rinsing, place it in the colored solution to be tested. After heating for ten minutes, take out the cloth and rinse it in clear water. If the cloth is not colored, the experiment may be discontinued, as artificial coloring matters are not present. If, however, the cloth is colored, to confirm the test, heat the cloth in a teacup in clear water containing about a teaspoonful of ammonia. This will dissolve the anilin color out of the cloth, but will have little effect on a natural fruit color. Take out the piece of cloth and add enough hydrochloric acid to the contents of the cup so that the solution shall not smell of ammonia. Put into this solution a new piece of washed woolen cloth, and heat again in a pan of water. If an anilin dye is present, the cloth will be dyed, and, after heating a short time, may be taken out and rinsed in clear water. This method of testing may also be applied to tomato catsup, which is very frequently artificially colored.

If considerable starch paste has been added to a jelly, it may be detected by adding to the cold filtered solution a few drops of tincture of iodine. The production of an intense blue color indicates starch. Notice that this color may be modified by any dye that is present in the sample examined.

#### IV.—Flavoring Extracts.

The extracts in most common use are those of lemon and vanilla. Extracts of lemon, according to the United States Pharmacopœia, should contain five per cent. of oil of lemon, and about eighty-five per cent. of alcohol is required to keep this in solution. Much of the extract of lemon on the market contains so little oil of lemon that it can with difficulty be measured. The oil is also often replaced by some other essential oil, as that of lemon grass. To hold the small quantity of oil of lemon in solution, a twenty-five or thirty per-cent. alcohol is often used. The yellow color of this product is produced by the use of a yellow anilin dye.

As oil of lemon is held in solution by alcohol, to test the character of the extract, add to a teaspoonful of the sample, in a tumbler, three times as much water. If the sample is genuine the oil of lemon will be thrown out of solution and the liquid will become turbid. If the solution remains perfectly clear on the addition of the water the extract is of a very poor quality.

Extract of vanilla, if genuine, is made by exhausting vanilla beans

with alcohol. Frequently Tonka beans are in part or wholly substituted for the vanilla beans. The coloring matter in the artificial extract is usually caramel, or burnt sugar and artificial vanillin is added to strengthen the ordinary product. To detect caramel, shake the bottle, containing the extract, and observe the foam on the top of the liquid. If the extract is pure the foam is colorless; but if caramel has been added, there is a brownish color at the point of contact of the bubbles until the last bubble disappears.

As pure extract of vanilla contains considerable resin, which is held in solution by the alcohol, a test may be made for this as follows: Evaporate about two tablespoonfuls of the extract in a sauce-dish placed over a teakettle of boiling water. When one-third of the liquid has evaporated off, pour the residue into a tumbler and dilute with water to the original volume. If the liquor is turbid, and the resin separates as a brownish substance, the extract is genuine. If, on the other hand the liquid remains clear after dilution, though of course a brown color, this indicates that it is artificial.

#### V.—Vinegar.

Vinegar is usually made from cider, wine, malt, or spirits. Much of the so-called "white wine vinegar" is made from spirits or alcohol. One method of detecting the source of a vinegar is to rinse out a tumbler with the sample and allow it to stand over night. The odor of the residue will enable one who is accustomed to these odors to detect the source of the vinegar. Another method is to evaporate some of the vinegar in a tea saucer over a teakettle of boiling water. The odor and taste of the residue left in the saucer are characteristic. From spirit vinegar the residue is very small and practically odorless.

To detect the addition of caramel to a vinegar, add about two teaspoonfuls of fullers' earth to two ounces of vinegar, and filter into a tall bottle of about five ounces capacity. The first part of the filtrate should be poured through the filter a second time. Compare the color of a sample of the vinegar which has not been filtered. This may be conveniently poured into another bottle of the same size as that containing the filtered sample. If much of the coloring matter has been removed by filtration, this indicates that the sample has been colored with caramel.

#### VI.—Sugar ; Honey.

Artificial honey is sometimes made by the use of common sugar and glucose, which is flavored to resemble the natural product. To detect the latter, add to a somewhat dilute solution of honey at least an equal volume of alcohol. The production of a white precipitate of



dextrose, which finally settles to the bottom of the glass, indicates the presence of glucose. This test may also be applied to a solution of candy. Glucose is not, however, properly considered an adulterant in candy. To detect starch in candy, boil some of the solution, and after cooling, add a few drops of a tincture of iodine. The production of an intense blue color indicates starch. White sugar, especially granulated, usually contains a little blue coloring matter, such as ultramarine. This may be detected by making a strong solution of sugar in a tumbler and allowing it to stand for several days. The blue coloring matter will finally settle to the bottom of the glass. If saccharin is added to candy or a food product, it may be detected by the test given under "Canned Vegetables."

#### VII.—Spices and Condiments.

Spices, especially those which are ground, are very often adulterated. If a sample has not a strong spicy odor and taste, this is an indication of adulteration. Most of the adulterants of spices are of a starchy character; many spices also naturally contain starch. This is not the case however with cloves, mustard, and cayenne, so these may be tested for starch as follows: Stir a half-teaspoonful of the spice into half a cup of boiling water, and heat in a pan of water on the stove for a few minutes. Cool the mixture, and dilute with water so that the solution shall not be very strongly colored. Add a few drops of tincture of iodine and the production of a blue color indicates starch.

#### VIII.—Baking Chemicals.

Baking Powder.—As the statement that appears on the label of a baking-powder can is often deceptive, it may be of interest to prove whether a sample contains alum or not. To test for alum, make a fresh extract of logwood, either from the chips or the solid extract, by treating with water and pouring away the first and second extracts. Use the third extract obtained and allow it to settle. Place two teaspoonfuls of baking-powder in a teacup and add to it four teaspoonfuls of cold water. With a medicine-dropper add twenty drops of extract of logwood to the mixture and stir with a splinter. Place the teacup in a pan of hot water on the stove and examine the color after two hours. If the baking-powder contains alum, or a compound of aluminum, a distinct lavender color will be produced, but if this substance is not present in sample, only a dirty brown or pink color will appear. It is well to make a test at first on samples of known composition, so as to recognize the colors accurately.

Cream of Tartar.—The cream of tartar on the market is frequently adulterated with acid calcium phosphate, alum, and even plaster, and starch. A simple test to determine the purity of the sample is to pour



boiling water upon it and stir. Pure cream of tartar will dissolve completely, but many of the adulterants will only partially dissolve. When cold, the cream of tartar will crystallize out in very characteristic crystals. To detect starch, add to a little of the cooled solution a few drops of tincture of iodine. The production of a blue color indicates that starch or flour is present.

#### IX.—Tea and Coffee.

There is hardly any adulterated tea on the market, although there are some very poor grades. Ground coffee is very often adulterated. Some simple tests for adulterants may be made. If ground coffee is dropped into a glass of cold water, the genuine coffee will float, and will not discolor the water for several minutes. Most of the adulterants sink to the bottom and leave a brown trail in the water. But little coffee is contained in the so-called coffee substitute. The proportion of coffee may be ascertained approximately by dropping into cold water, as very few coffee substitutes will float.

Many of the substitutes are of a starchy nature. Starch maybe, tesetd, for the ordinary infusion prepared for the table, when cold by diluting it until it is not too strongly colored, and then testing by tincture of iodine.

#### X.—Dairy Products.

Milk, butter, ice-cream and cheese are sometimes adulterated. Milk is adulterated by adding water, coloring matters, and preservatives. When water is added to milk, this changes the natural color, and the milk becomes bluish white. If a yellow coal-tar dye has been added to the milk to restore the natural color when watered, this may be detected by adding an equal quantity of strong hydrochloric acid to a sample of the milk and afterwards heating. A pink coloration indicates the presence of the dye.

Another test is to allow the milk to stand in a tumbler for about twelve hours, or until the cream rises, and notice the color of the cream and of the milk layer. If the lower layer is of a yellow color, about the same as that of the cream, an artificial color is indicated.

If milk does not turn sour in the usual time, the presence of a preservative is indicated. Baking soda is sometimes added to correct the acid of the milk. If an appreciable quantity of this substance has been used, the milk, after standing a few hours, will have a slightly alkaline reaction; that is, it will change a piece of yellow litmus paper to an orange-red color.

Other preservatives are sometimes used, but that which is the most common is formaldehyde, because a little goes a long way as a preserv-

ative. To detect this substance, place four tablespoonfuls of the sample in a teacup, with an equal quantity of strong hydrochloric acid and a piece of ferric alum, about the size of the head of a pin. After mixing, by giving the contents of the cup a rotary motion, place the cup in a pan of boiling water on the stove, and allow to stand for five minutes. If formaldehyde is present the mixture will be of a purple color. A similar test may be made for formaldehyde in ice-cream, although if starch is present in the cream this may modify the shade of the purple.

The substitutes for genuine butter are "process" or "renovated" butter, and oleomargarin or "butterin." Process butter is made by treating old or rancid butter by melting, skimming, and allowing the brine and curd to sink to the bottom, whence it is drawn off. Air is then blown through the melted butter-fat, and the product is churned with milk or cream. Oleomargarin is made from various mixtures of oleo-oil, cotton-seed oil, neutral lard, and milk or butter.

The spoon test may be used to distinguish fresh butter from renovated butter and oleomargarin. A lump of butter the size of a hickory nut is placed on a large iron spoon and heated over the flame of a small kerosene or alcohol lamp or over a gas flame. Fresh butter will melt quietly, with many small bubbles throughout the mass, which produce much foam; oleomargarine or process butter will sputter and crackle, like hot fat containing water, and produce but little foam.

To make the "milk test," as it is called, place about two ounces sweet milk in a wide-mouthed bottle, which is set in a pan of boiling water on the stove. When the milk is hot, add a teaspoonful of butter, and stir with a splinter until the fat is melted. Place the bottle in a pan of ice-water and stir continually while the fat is solidifying. If the sample is butter, either fresh or renovated, it will solidify in a granular condition and be distributed through the milk in small granular particles. If, on the other hand, the sample is oleomargarin, it solidifies practically in a single lump, so that it may be lifted from the bottle with the stirrer.

#### XI.—Eggs.

Probably the best method for testing the freshness of eggs is the time-honored one of candling. The egg is held between the eye and a bright light. A fresh egg shows a perfectly uniform rose-colored tint, while if it is not fresh there will be numerous dark spots.

In packed eggs there is a tendency for the white and yolk to slightly intermingle along the line of contact. Packed eggs also are apt to adhere to the shell on one side.

## XII.—Meat Products.

The preservatives most commonly used in meat products are borax and boric acid and sodium sulfite. The latter chemical also assists in the retention of the natural red color of the meat. If the meat keeps an exceptionally long time without a tendency to spoil, or if it retains its red color, the presence of preservatives is suspected.

The method for testing of borax, which has already been described under "Canned Vegetables," may be used in testing meat products. The meat must be finely divided, and should be warmed with water for some time, and the liquid which is filtered off should be tested.

**Kansas June Report**—Dr. E. P. Hatfield, Secretary of the Kansas State Board of Medical Registration and Examination, reports the written examination held at Kansas City June 12–13, 1906. The number of subjects examined in was 10; total number of questions asked, 100; percentage required to pass, 75. The total number of candidates examined was 82, all of whom passed. The following colleges were represented:

## PASSED.

College.	Year	Per Grad. Cent.
Hahnemann Med. Coll., Chicago .....	1905	84
University of Kansas(1906) the grade of 75 was reached by one, 76 and 77 by two each, 78 by one, 79 by three, 80 by two, 81 by five, 82 by four, 83 by seven, 84 by six, 85 by five, 86 by four, 87 by three, 88 by one, 89 by two, and 90 by one, total, 47.		
Kentucky School of Medicine .....	1895	78
St. Louis Univ.(Marion Sims-Beaumont Coll.) .....	1906	84
Washington University .....	1906	83
Barne Medical College .....	1904 80; 1906 75 79 82	
Homeopathic Med. Coll. of Missouri .....	1895	85
Kansas City Hahnemann Med. Coll. ....	1905	86
Eclectic Medical University .....	1906 79 80 80	
University Med. Coll. of Kansas City.....	1906 78 78 80 80 84 84.	
Ensworth Central Med. Coll. ....	1905 77 1906 75 75 75 76 76 79 80 80 82.	
Eclectic Medical Instituet, Cincinnati .....	1906	83
University of Nashville.....	1906	78
Meharry Med. Coll.....	1906	84

**Ethical Advertising.**—A correspondent criticises even the following found in the Pratt Republican. This appears however innocent, but indiscreet.

We learn from Dr. Peak that a boy was born to Mr. and Mrs. Southard, of Naron, last Thursday, and a girl came to the home of Mr. and Mrs. W. A. Childers, near Cullison, last Sunday.



### FROM THE EDITOR'S DESK.

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**The Board of Registration** held a meeting at Topeka, October 10. About twenty candidates were examined; of whom, some five were rejected. The case of Dr. Ferguson of Kansas City, who is being prosecuted for fraudulent licensing was continued because State Senator Getty, who is the attorney for the prosecution, was absent. The case of Dr. Wilgeist, of Coffeyville, who is being prosecuted on the claim that he has only one year of preparation for the practice of medicine, instead of four—as required by law, was practically settled in favor of the defendant, the board holding that the evidence was not sufficient to take away his license. Dr. Meffert of Emporia brought in a petition for re-instatement signed by some of the very men who were active in his prosecution. Such vacillation on the part of the laity is, of course, common, and, we are glad to note that the board did not think it necessary to change their rulings in his case. The board is trying to help to purge our ranks of those who are unworthy: but, without very united support on the part of the profession, it can accomplish nothing. The next meeting will probably be in April and in Kansas City where it is hoped that something definite will be done in these cases.

**Dr. Carson.** George Creel, the editor and publisher of the Independent of Kansas City has recently been courageous enough to attack Dr. Carson, the notorious "drugless healer," whose advertisements of "the temple of health," appear in nearly every newspaper. We suggest that it would be not only profitable financially, but also morally for our members to procure the copies of this journal containing its exposure of Dr. Carson and lay them out on their waiting room tables. When a man has the courage to attack such a fakir as Dr. Carson, the profession ought to support him; and, since it is from Kansas that Dr. Carson gets his greatest revenue, it is nothing more than just that the Kansas physicians should take an active interest in the matter.

**The American Medical Association:** A systematic attack is being made on the American Medical association. Sometimes, it assumes the form of an attack on the Journal of the American Medical Association or its present editor; sometimes, again, it assumes the form of the cry against monopoly ("the trust.") In any case, the origin is the same; because, in practically every instance, we can trace the agitation back to some one whose business (money-getting) is endangered by the organization of the profession. One class of agitators is made up of the medical



journals which for a long time have been supported by the profession and who have betrayed the profession to the proprietary medicine syndicate. These journals naturally are aroused when they find that this great source of revenue is to be cut off if they would not obtain the disfavor of the ethical physicians. They must choose between their advertisers and their subscribers. Some few, be it said to their credit, are choosing to follow the interests of their subscribers; the majority, however, are coming out openly to fight for freedom to use and advertise any drug or combination of drugs which gives them the greatest money profit. Among these we have noted the Medical Brief, the Medical Record, the Texas Medical Journal and the Oklahoma Medical News Journal. The Medical Record has been particularly nasty in its attacks on the Journal of the American Medical Association; but, it was not until recently that the worm turned and Dr. Simmons took the trouble to reply to his critics. Needless to say, the reply forms very interesting reading and will do an immense amount of damage to the Medical Record. We were told the other day by an enemy of the American Medical Association that William Wood and Company, the publishers of the Medical Record, were the meanest publishers in America—i. e., they had pirated foreign books and reduced the quality of the journal to the point where they could make the most money possible. Of course, this is only the statement of one who has been in their employ for a long time; nevertheless, it is another straw showing the way the wind is blowing.

As a practical application of this discussion, we would suggest to members of the Kansas Medical Society that they scrutinize carefully the medical journals coming to their desks and discourage the coming of those which are supported by the forces inimical to organized medicine. There is no doubt that medical organization is benefiting the physicians of Kansas tremendously: but, organization is still an infant in its swaddling clothes with us; and, therefore, demands careful nursing. Our physicians are gradually waking up to the wrong of cutting rates, of seeking and giving commissions for reference of cases, of using patent nostrums (which debase the profession in the eyes of the laity), and, most of all, of the eternal local fight. It falls to us, therefore, to keep awake on this point to which we have here called attention.

**Entertainment Committee:** The Wyandotte County Medical Society has appointed the following committee to take charge of the general entertainment of the members in attendance at the meeting in Kansas City next May: P. D. Hughes, chairman; Hugh Wilkinson, secretary; J. E. Sawtell treasurer; W. B. Barnett, George M. Gray;

E. J. Lutz; G. H. Hoxie; S. S. Glasscock; C. L. Zugg; and, Preston Sterrett.

**Dr. Gray:** Dr. George M. Gray has been drafted as a mayor for Kansas City. It appears that the citizens of Kansas City have at last become aroused to the evils of law violation and are looking for the man who will put the city before the party. We are very glad that Dr. Gray has consented to act as a candidate for the citizens' party. He certainly is a very strong man; and, will do credit both to his profession and the city, if he is elected, as he ought to be.

**The University of Missouri.**—For several years, the faculty of the University Medical College of Kansas City have been trying to obtain the location of the medical school of the University of Missouri for Kansas City. The wisdom of a change from Columbia—a little town of five thousand—to Kansas City has been thoroughly emphasized by the success of the School of Medicine of the University of Kansas; so, that now, even the conservative members of the faculty of the school of medicine in the University of Missouri are willing to make the change. They appear, however, unwilling to incorporate the University Medical College, or, come to Kansas City under any obligation whatever, so, it appears that at the last meeting of the Board of Curators of the University of Missouri, it was decided to move the third and fourth years (that is, the clinical department) of the school of medicine to either Kansas City or St. Louis, according to which city should offer them a bonus of \$250,000.00, the amount required for the necessary buildings and equipment. These two cities are given until the first of January in which to raise the bonus. At St. Louis, the Barnes Medical College equipment, worth about \$280,000.00, has been, we understand, offered to the University of Missouri. Nevertheless, the outcome is still in doubt; because, while it is very apparent that Kansas City could not offer the required bonus; yet, political pressure is being brought to bear which may finally bring the institution to Kansas City. We Kansans should welcome the coming of the University of Missouri to Kansas City; because, it would insure a university grade of work in this city, which supplies us with the greater number of accessions to our ranks.

**The Medical Papers That Count**—A large proportion of the mass of material sent in to our medical journals (and published by them) is valueless because it represents subjective opinion rather than objective fact; i. e., instead of giving a series of careful case reports, showing exactly the condition of the patient, the method of treatment, and the exact results obtained, they are inclined simply to formulate their opinions and copy the details of diagnosis and treatment from some

text-book that happens to be on their shelves. The opinions of such authors, are, of course, of value only to those who know them well enough to discount the personal equation.

On the other hand, the helpful papers are those which give a record of several cases say, of typhoid fever, telling us the number of leucocytes and other conditions of the blood, noting the mental condition of the patient, showing the line of treatment, and the exact results, in temperature and pulse. In this connection, we would call attention to the very valuable contribution on epidemic jaundice by Dr. Ross of Sterling which was printed in our last issue. If Dr. Ross had only been able to supply us with complete data, in all the cases reported, his record would have been one that would have been quoted throughout the United States and Europe. What was lacking was the blood examination, the chemical examination of the urine, and the post-mortem findings on the fatal cases.

We trust that at the coming May meeting of our society in Kansas City, the authors will take this gentle hint and prepare papers according to the recommendation of Osler; i. e., from their case-books and not from their text-books. By the way, a good example of the kind of papers that do not count is afforded by those usually dictated to the agent of the Medical Brief—simply notes that happen to occur to the author at the moment. We hope that our Kansas City and Topeka colleagues who have issued such papers do not expect their fame to reach posterity on the ground of such contributions to the advancement of the medical sciences.

**Publicity.**—The frequent criticism that have been sent to the editor's desk regarding the appearance in secular publications of doctors' names in connection with their work, lead us to state at this time some of our own opinions in the matter. We believe that it will be necessary for the profession to agree upon some form of publicity by which the young practitioner may notify the residents of any town that he has settled in their midst. We believe, therefore, that if it were the conventional thing here as it is in some other countries for a young man, as soon as he reaches a town, to go to the newspapers and insert a notice in the advertising columns, using space of about the same character as is used in the medical journals for the insertion of physicians' cards, and announce for a period of three months, say, his equipment and location,—we believe that everybody concerned would be benefited. In other countries, we have noted in the secular press such advertisements as this: "Dr. John Jones, a graduate of the University of Berlin, for two years assistant to Professor Smith, Professor of Gynecology



at the Rockefeller University, has located in Smithville at the corner of Van Buren and James Streets. His office hours will be from one to four each afternoon." Such a card could give no offense; and, on the other hand, would satisfy the aspirations of the young man to make his arrival known.

We believe again that it should be permissible for every physician when he is about to take a vacation or leave town for any length of time to insert a notice of similar extent in the secular press. For instance, we have seen notices like this: "Dr. Henry of 412 East 16th street., will be out of town on a vacation from July 7-16. Dr. Charles Jones of 312 East 14th street, will take care of Dr. Henry's patients." As soon as the doctor returns, he announces the fact by a similar card, thus: "Dr. Henry of 412 East 16th St., has returned from his vacation." The advantage of establishing such a standard is that thereby the demand (which is just) for some publicity could be met; and, second, a standard could be set up by which offenders could be judged. There will always appear in secular publications notices about physicians (that is unavoidable) and, it should be the business of the organized profession to regulate this matter so that nothing but perfectly just and tasteful notices appear from men who could be regarded as ethical.

**A New Journal** has come to our desk under the heading Journal of Therapeutics and Dietetics, edited by Pitts Edwin Howes of Boston, Mass. It claims to be an exponent, especially, of eclectic therapeutics. We regret to say that we find nothing in the first issue which would justify the sending forth of a new journal. More than that, we find that this journal advertises pinus canadensis, cactina pellets, seng, Peacock's bromides, chionia, ecthol, tongaline, and sanmetto—in other words, its specialty is the advertising of Dr. Lawrence's preparations. This fairly justifies us in the conclusion that the journal is being originated and published for revenue only; and, that this revenue is to be made in exploiting those preparations which have now been excluded from the journals of the organized profession. We regret the attempt and trust that it will receive so little encouragement that it will not be long continued.

**The Kansas City Medical Record.**—We note that Dr. Fulton's old paper, the Kansas City Medical Record, is being published by an impersonal corporation called the Record Publishing Company, with its office in the Rialto building, Kansas City, Missouri. We have not had the pleasure of seeing the journal lately, but, in its circular asking for advertisements, we find this statement: "We are the publishers of the Kansas City Medical Record, a high class medical journal, supreme in its class and with the largest circulation of any medical journal in



the southwest." All that we have to say in commenting on this is that it is very important, if true.

**An Error.**—On page 428 of the October Journal the word "taste" was printed "state." We hope that the paragraph will now be intelligible. On page 412 also occurred the statement inserted by our zealous printer that Dr. Hunt read his article on post graduate study at the Topeka meeting. Dr. Hunt of course, was in London at the time.

**The Independence Hospital.**—We have received the announcement of the opening of this institution. Dr. F. W. Shelton is the surgeon in charge, and Miss Nano Hickey is superintendent. The city donated water and gas and many citizens united in giving various sums toward the equipment of the institution. We wish the institution success.

**Itinerant Quacks.**—In one sense it is not worth our while to bother with the itinerant quacks, because their patients always come back to us,—generally in worse condition than before. But from the standpoint of public health, it is decidedly our business to expose these fellows. However, we are here interested only with the newspaper standpoint and quote the following from the Lawrence Gazette (the printers of our Journal) for October 19, with this query. Would the members of the Kansas Medical Society rather pay two hundred dollars a year more for their Journal than have their printer admit such advertisements to the columns of his paper? The Gazette is printing the siren songs of Dr. Carson, also.

BY PROF. JOHN MILLER.

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New Invention Here to Treat All Chronic Diseases by Electricity.

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For poor circulation and diseases of the blood, brain, nerves, heart and vital organs; invaluable in rheumatic, neuralgia and paralytic affections, endorsed by physicians, electricians and scientists.

Scientists with one accord agree that it is a patent power most wonderfully effective in every disease and that life cannot exist one moment without it. Think of the hundreds of people, once bedridden seemingly for life, who are now active and healthy, taking their share in the world's hard work, and also its pleasures, owing to the marvelous curative effects of electricity applied scientifically with our modern apparatus.

Electricity is the motive power that sustains life. What steam is to the locomotive, electricity is to the body. If you cut your finger, the result is that it is instantly telegraphed to the brain, but take the electricity out of your arm, and you could cut off your hand and never feel it. Electricity carries an unseen equalizing and harmonizing influence and when intelligently applied it operates quietly, soothingly, and works its wondrous mission with power and efficacy, restoring the healthy polarity of the diseased and impaired organs; acting directly on the nerve centers it stimulates and purifies the blood, equalizing and quickening the circulation, giving renewed life and vigor to the nerves, muscles, and the various organs: quickens the two prime organs

of purification, the liver and the kidneys, to life and activity, improves nutrition natural digestion and repairs and restores the exhausted nerve force. The soothing effect on the nervous system is almost instantaneous.

Prof. J. Miller the magneto-path he cures all chronic diseases without medicine or surgery, in six different methods, including electricity, with which he always has success. No cure, no pay. He charges \$3 and up for a cure. Office at 1030 Massachusetts street; Telephone, Bell, 662; Home, 541; Office hours 8 to 10 a. m.; and 3 to 7 p. m. including Sundays.

**Secretary Hatfield and The Cancer Salve.**—We clip the following from the Ottawa Daily Republic for October 17. We hope that the physicians of Ottawa will stand together now and impress even the newspapers with their power.

An innocent little article in a recent issue of the Republic provoked the wrath of the physicians of Ottawa. The article was as follows:

**"An Official Opinion.**

"W. J. Costigan, attorney for Joseph Huff in the celebrated cancer case, is in possession of a letter from Secretary F. P. Hatfield of the State Board of Medical Registration and Examination, in reply to a communication addressed to him concerning the case, in which Mr. Hatfield expressed the opinion that the law is not violated in the application of a salve."

The doctors, who caused the prosecution of Huff, hopped onto Secretary Hatfield. When they prodded him he sent to the Republic the following letter:

"Grenola, Kan., Oct. 3.—Editor the Ottawa Daily Republic, Ottawa, Kan., Dear Sir: Will you please give the enclosed statement prominent space in your paper, of the next issue and mail me a copy, and also send marked copy to each of the resident physicians of Ottawa, Kan. Yours very truly. F. P. HATFIELD."

The enclosure follows:

Grenola, Kan., Oct 3.—Editor Ottawa Daily Republic Ottawa, Kan., Dear Sir: The article in your paper of the issue of September 28th, '06, headed, "An Official Opinion," is a malicious misrepresentation of the facts in the case. My opinion of the law was given in answer to a letter asking if the "application of a salve for the relief of cancer, when applied with the consent of the family physician, was a violation of the medical law of Kansas." When the statement was made to me as above my answer was that the law was not violated. But as this opinion is claimed as "official," to shield a notorious impostor upon innocent and afflicted people, the parties using it for such purposes deserve the most rigorous prosecution, and the heaviest penalty the law prescribes for conviction; and the secretary of this Board will lend all the help in his power to aid in such prosecution.

F. P. HATFIELD, M. D.,

Secy. Kansas State Board of Medical Registration, and Examination.

The Republic desires to say in this connection that Secretary Hatfield has his wires crossed when he says that the publication of the article was malicious. The item was given space merely as a matter of news. It was written by a reporter to whom Mr. Costigan, Huff's attorney, showed the original letter written by Secretary Hatfield. That letter was written on the official stationery of the State Board of Medical Registration and Examination and is as follows:

"Grenola, Kan., Sept. 24, 1906.—Your letter of inquiry with reference to your

friend who has a cancer remedy was handed to me for a reply. In answer to the same I am sending you a copy of the late law and you can interpret the same as well as I am able to.

"I do not think the law is violated in the applying of a salve. Yours very truly,  
F. P. HATFIELD."

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### CORRESPONDENCE.

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#### Dr. Lardner Replies to Dr. Duncan.

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The following letter is interesting, but it does not touch the heart of the matter. It is not a matter of saying, "You're another;" but rather of ascertaining whether this practice of newspaper publicity is hurting the medical profession, or not. Are the people of Chanute in better health because of Dr. Lardner's newspaper interviews, i. e., do they know better how to care for their health? Do they know better how to distinguish true from false medical claims? Is the respect for scientific medicine increased thereby? As an organized profession we must act only on this basis: to promote the health and happiness of the people whom we serve. This, of course demands the good of the organized profession because only by organization will the medical sciences be advanced.

*To the Editor:*

I see that Dr. E. H. Duncan has written to the Journal posing as the censor of the medical profession in this section of the state.

Articles have appeared in the columns of the newspapers that are obnoxious and have a tendency to offend those who have an "axe to grind," and a personal end to gain by an attack on a fellow physician.

If my memory is not at fault, this is the same Doctor Duncan who took a trip to Niagara Falls last summer, and took up much space in the Fredonia papers, and also several sticks in our Chanute papers detailing his going, coming and the restfulness of his trip.

I believe there are things done by physicians that are more injurious to the profession than the "write ups" given by newspapers; such as the stealing of patients, and the going about in a systematic way through emissaries to undermine a fellow practitioner.

The newspaper man has given me notices through the news columns, and I have never told him not to do so, nor to my knowledge have any of my colleagues. I feel that my standing as an honorable physician in my home town is equal to that of Dr. Duncan at Fredonia, and it may be better, as I have noticed that the man who is the first to cry out, is the one that has something to conceal.

Very respectfully, J. C. LARDNER.



### SOCIETY NEWS.

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**The Golden Belt Medical Society** met in Salina at the public library on October the 4th, in two sessions. The first paper was by S. K. Schenck, Salmon, whose thesis was that potassium permanganate injected hypodermically is a positive antidote for opium. The amount should be four to five times that of the poison ingested. The essayist stated that atropine was no good and zinc sulfate was too erosive in its action to be useful. In fact, he did not believe that emetics were at all necessary. His opinion was opposed by the majority of those who discussed his paper. Dr. Harvey said that in his experience atropine and emetics had proven sufficient to save all the cases of opium poisoning which he had had. Dr. Dean of Fort Riley contended that the hypodermic use of potassium permanganate was irrational, but it was a useful drug, if administered per os. Other gentlemen related case histories showing that strychnin and gelsemium were antagonistic to opium. After the reading of this paper, the society accepted the invitation of the Salina physicians to see the town in automobiles. Practically, all the prominent citizens of the town turned out to do the society honor; and, the members were given two hours of very rapid transit around the beautiful streets. Returning from the ride, the members were banqueted at the National Hotel by the local profession.

The first paper of the evening session was "The treatment of eclampsia." Dr. G. M. Anderson maintained logically and skilfully that the real cause of eclampsia was the retention of excretory products because of the pressure on the ureters. His treatment therefore, was first surgical, (emptying the uterus); and, second, to reduce the blood pressure by means of veratrum viride; and, at the same time, to keep the spasms under control by chloroform or morphine, or both. The discussion showed a great diversity of opinion. Those who tried to laud venesection were unfortunately checked in their enthusiasm by the statement of Dr. Winterbotham that, in his experience, venesection had failed as all other means had failed in certain cases. Dr. E. H. Thrailkill of Kansas City read a paper on the treatment of perineal and perirectal abscesses. Dr. Thrailkill made two points of importance—one, that all these abscesses should be opened early through the skin (not through the mucous membrane); and, second, very freely. He advocated the use of general anesthesia wherever possible. Dr. Colt of Manhattan gave a very complete review of the significance of various ocular troubles in relation to constitutional diseases. Dr. Walker



followed this same line of thought in his discussion and added several symptoms more especially due to the nervous apparatus.

The paper of Dr. W. A. Klingberg of Elmo on the question of whether the physician should dispense his own drugs or prescribe, brought out, as might be expected, a very warm discussion. No general conclusion was reached but the feeling seemed to be that the physicians must, through careful consultation and organization, protect their interests in these matters.

Dr. John Punton's paper (of Kansas City) on the clinical aspect of the borderland of insanity was a real treat. Perhaps the most interesting point made by Dr. Punton was the necessity in Kansas of a detention hospital, where cases of incipient insanity might be treated by very skilful physicians (not political appointees) and where medical students might be trained to recognize insanity in its earliest stages.

The next meeting will be in Wamego in January.

**Marion County Medical Society** met at Peabody, Kansas, October 10th, 1906 at one P. M.

The following papers were read,—“Nervous and Mental Diseases,” by Dr. W. S. Lindsay of Topeka, Kansas; “Typhoid Fever,” by Dr. L. R. Buck of Peabody, Kansas; “Tuberculosis, its cause and prevention,” by Dr. G. P. Marner of Marion, Kansas.

Members present,—Dr. McIntosh of Burns, Drs. Buck, Furst, Dr. Johnson, Elbing Johnson, Chesshir and Mayer of Peabody; Dr. G. Myers, Lincolnville; Drs. Marner and Staufer, Marion. After the scientific portion of the meeting the society and their wives banqueted at the Palisade Hotel. The next meeting will be held at Marion in January.—H. M. MAYER, Acting Secretary.

**Sumner County Medical Society** met Thursday evening, September 27, at 8 p. m. in the office of its secretary.

S. W. Spitler gave a description of symptoms and effects in a child of a spinal hemorrhage, resulting from a fall.

J. J. Sippey described a similar case seen three weeks after the accident, which quickly recovered under alteratives followed by stimulation.

F. M. Owens reported a case of spinal concussion with instant paraplegia following a fall of a middle-aged man. He also gave the history of a patient developing facial paralysis which cleared up promptly when she aborted a decayed foetus some three weeks later.

W. M. Martin told us of a woman who habitually develops a facial paralysis during pregnancy, which promptly clears up, upon birth of the child.

G. W. Waite reported a case of complicated nephritis which surprised all parties by recovery. He also mentioned two cases of old men who brought him their urine for examination, giving the history of awakening in the night with pain in the back followed by the passage of much urine, which he found to contain pus,—no recurrence.

S. W. Spitler reported a case of vesico-urethral fistula in a woman relieved by thorough dilation of urethra; and related how some fourteen years ago he saw Dr. Emmett of New York make a vesico-vaginal fistula for the relief of same condition.

Our next meeting will be for election of officers, followed by a banquet for members and their wives.—T. H. JAMIESON, Secretary and treasurer.

**The Decatur and Norton County Medical Society** met in H. O Hardesty's office, Jennings, Kansas, Friday, October 12, 1906 at 2:30 P. M. President not being present, Dr. Hardesty was in the chair. Present: Drs. Smith, Davis, Gaume, Standard, Hardesty and Kenney. Dr. Smith presented a paper on, "Endo-metritis and its treatment," and Dr. Kenney read a paper on typhoid fever. At the clinic Dr. Hardesty presented three cases—one of interstitial nephritis, one of mitral regurgitation and one case of fracture and dislocation of the elbow.

Next meeting will be held in Clayton in December—C. S. KENNEY, Secretary.

**Douglas County Medical Society** held its regular monthly meeting on October 2, in Y. M. C. A. rooms at Lawrence. There were present Drs. Naismith, Sudler, Smith, G. W. Jones, Clark, and Chambers, also Professors Barber and Emerson, and student visitors.

Mr. Ockerblad, physical director, Y. M. C. A. presented two cases of abnormal hearts for diagnosis and study. Cases examined and discussed by all present.

Paper by G. W. Jones, "How may the local profession increase its efficiency, and broaden its influence?" Paper was essentially a plea for more specialization in study and practice and for more mutual recognition in the profession. A motion prevailed asking Dr. Jones to go before the Northeast District Society with this paper.—H. S. CHAMBERS, Secretary.

**The Crawford County Medical Society** met October 1 in City Hall auditorium at Pittsburg.

After the scientific program was disposed of, subjects of general interest were discussed.

The subject of city sanitation, and its bearing upon epidemics of typhoid, diphtheria, and other infectious diseases was brought up, and

the general opinion was expressed that physicians should be the natural protectors and guardians of a community, and that it was only by strenuous and united effort on their part that the general safety and welfare of the public could be established and maintained.—FRANCES A. HARPER, Secretary.

**Western Kansas Medical Society:** The fourth annual meeting of the Western Kansas Medical Society was held at Ellis, Wednesday, October 10. A most interesting and instructive program was rendered. On account of the unavoidable absence of some of the members and limitation of time, a part of the extensive program was omitted. The discussion of papers and clinical cases was entered into with spirit and enthusiasm. Perhaps the most interesting and instructive portion of the program was the clinic furnished by Dr. Howell and Dr. Blake of Ellis. Dr. Blake presented a case of amyotrophic lateral sclerosis, one of typical chronic appendicitis and one of hydrocele. Dr. Howell presented a case of deep acne pustulosum involving the face, chest and back. Members present were: Dr. R. D. Stoner, Quinter; Dr. A. M. Forbes, Selden; Dr. E. J. Beckner, Selden; Dr. O. M. Miller, Oakley; Dr. C. D. Blake, Ellis; Dr. Marsh, Menlo; Dr. F. H. Smith, Goodland; Dr. F. A. Carmichael, Goodland. Visitors.—Dr. Howell, Ellis; Dr. J. H. McNaughton, Gove; Dr. J. J. Barclay, Grinnell; Dr. Barber, Palco; Dr. J. G. Sheldon, Kansas City.

Four applications for membership were presented. Besides the regular routine the question of insurance examinations was fully discussed with a view to adopting a uniform schedule of \$5.00 for old line insurance examinations. Some time was also given to the discussion of the present general fee schedule with a view toward establishing a more uniform schedule. The members of this society are energetic workers.

The next meeting will be held at Colby, January 10th, 1907.—F. A. CARMICHAEL, Secretary.

**The Labette County Medical Society** held its regular monthly meeting at Parsons last night. The following members were present: Drs. Creel, Petty, Bennett, Heacock, Albert Smith, Anderson, Von Trebra, Maser, Hubbard, Kleiser, and Skoog. The following visitors were in attendance: Drs. A. D. Smith, Crawford and Ice.

Mr. George Chapman, an unusual head trauma case, presented himself to the Society. There is an absence of several ounces of brain tissue from the right cerebrum. He has homonymous hemianopsia. A left hemiplegia with complete loss of all sensations is present on the left side.

Dr. Ice, a dentist of Mound Valley, demonstrated somnoform anesthesia. The patient upon whom he was to demonstrate the anesthesia failed to appear, and he took the anesthetic himself, it being given by one of the members of the society. The anesthesia worked very nicely with almost no after effects. The duration of complete anesthesia was sixty seconds. Somnoform is composed of 60% ethyl chlorid, 35% methyl chlorid, and 5% methyl bromid.

Dr. Hubbard read a paper on "General Anesthesia," showing the comparative safety of ether and giving the status of the various anesthetics to date.

"Local Anesthesia, a Boon to General Surgery," was read by Dr. Albert Smith. The advantage of local anesthesia and nerve blocking in major operations was argued. The papers of Drs. Hubbard and Smith were discussed by most of the members present.

The applications of Drs. A. M. Painter and A. D. Smith were reported upon favorably by the Board of Censors and the doctors were unanimously elected to membership. The Board of Censors reported unfavorably upon one applicant. The Society rejected this applicant.

**Clay County Society** meets at Clay Center, October 10, with the following program;

#### MATERIA MEDICA.

"Belladonna,"..... Dr. J. E. MINNEY, Topeka

#### SURGERY.

"Gun Shot Wounds of the Head,"..... Dr. T. E. SCHWARZ, Clay Center

#### THERAPEUTICS.

"Appendicitis and the Country Doctor,"..... Dr. C. C. STILLMAN, Morganville

Discussion by Doctors Present.

**The Northeast District Society** meets at Seneca on October 18, Following is the program:

President's address..... P. H. HUGHES

The medical profession as a fraternity..... G. W. SHELTON

How can the local profession increase its efficiency and

broaden its influence?..... G. W. JONES

Electro-therapeutics..... M. G. ILLER

Hydro-therapeutics..... E. SMITH

The value of blood analysis for children..... M. T. SUDLER

Some causes of early fatality in infancy..... M. R. MITCHELL

Anesthetics..... W. L. CARLYLE

Pneumonia..... A. J. BEST

Appendicitis..... S. MURDOCK, JR

The active principle in therapeutics..... J. F. PRESTON

Infant feeding..... J. E. HUNT

The latest cancer cure..... E. T. SHELLEY

Ambulatory treatment of fracture of the lower limbs..... L. W. SHANNON

Paper..... C. M. STEMEN



**Cascarennæ.**—In his perplexity of choosing just the laxative or purgative he wants for a child, particularly an infant, the physician will find that Cascarennæ affords a most satisfactory solution of the question.

Cascarennæ has several commendable properties that other laxative compounds do not possess. It is agreeable to children, being sweet and pleasantly flavored. There is no difficulty in getting them to take it, a point that mothers and nurses appreciate thoroughly. It is a happy combination of well-tried laxatives and gentle purgatives; hence it is not an experiment to prescribe Cascarennæ for the first time. It does not gripe or derange the digestive system and owing to the presence of cascara sagrada it has a tonic laxative action that imparts to it double value in the treatment of the constipation of infancy and childhood. Finally, Cascarennæ is a thoroughly efficient and reliable therapeutic agent, from which the practitioner may confidently expect only the most satisfactory results.

Each fluid ounce of Cascarennæ represents:

Cascara Sagrada, 40 grains.

Senna, 120 grains.

Potassium and Sodium Tartrate, 24 grains.

Chenopodium, 8 grains.

Pumpkin Seed 8 grains.

Sodium Bicarbonate, 4 grains.

Agreeably flavored with aromatics.

The dose for a very young infant is 5 to 10 drops; a child one year old may take 10 to 20 drops; older children 20 drops to one teaspoonful according to circumstances.

Cascarennæ is prepared by the well-known house of Parke, Davis & Co., which is a guarantee of its reliability.—Advt.

# The Journal

OF

The Kansas Medical Society

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Volume VI

December 1, 1906

Number 12

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## OUR CLINIC.

### First Demonstrator.

CHAS. W. COLE, M. D.,  
Norcatur, Kansas.

CASE 1. Katherine S. age 6. Banker's daughter. Contracted pneumonia, December 13, '05. Typical case. Ended by crisis on the 6th day. Went into a refreshing sleep which lasted for 8 hours. Was in the best of spirits for some 10 hours when she complained of being tired and unable to go to sleep. This continued for several hours when a low muttering delirium with carphology was manifested. The temperature was sub-normal—95.4, pulse, 90. Complained of some pain in back of head and spine. My first impression was meningitis, but owing to the low temperature could not see how it was possible. I had a trained nurse of 12 years' experience and she said she had never seen a case of this kind. I looked the matter up in several good books on practice and found what I wanted in our ever faithful standby, "Osler," who says we sometimes find the post nervous state in children. The delirious condition lasted for 12 or 14 hours when the patient went into another sleep which lasted the best part of 24 hours, when she awoke refreshed and continued to improve from that time on.

CASE 2. Mrs. J. W. age 25. Mother of two healthy children. Family history good. Were moving in from another town and she had overdone herself at work and brought on a miscarriage at the 5th month. Waters had ruptured Saturday and I was sent for Tuesday following. She had very little pain during all the time intervening. Found on ex-

amination a prolapsed cord. The os partly dilated and the feet presenting. Made rapid dilation with fingers and thumb until the feet could be reached, then delivered. The child was dead but had been so only a few hours as she had felt motion that day. I have seen no mention of prolapsus of the cord in miscarriage and would like to know if it is a common occurrence.

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### Second Demonstrator.

C. S. KENNY, M. D.,

Norcat, Kansas.

CASE 1. On the morning of February 12, 1906, I was called out into the country about eight miles to a case of confinement. Primipara, 21 years of age. Family history on both sides good. On examination I found the head engaged with the occiput in the right occipital posterior position. Pains were strong and strength of patient maintained until evening, when I delivered an 8 pound boy without forceps. Child normal in every way; caput on forehead large, the perineum was lacerated requiring two stitches, which were put in immediately. Patient made an uninterrupted recovery. Length of labor about 16 hours.

CASE 2. About 5 p. m. February 15, 1906, I received notice that I would soon be needed to deliver a case here in town. On making an examination about 8:30 p. m. the head was found engaged in the right occipital posterior position. Family history good. Mother has two living children, the last one from a premature birth. Progress slow notwithstanding had labor pains. About 11:30 an 8 pound boy was born without laceration or use of forceps. Patient did nicely and was up in 12 days.

CASE 3. On the morning of February 16, 1906, I was called to see a woman in labor 11 miles south east from town. History of six confinements all tedious, lasting from 18 hours to 3 days, otherwise history was good. Pains were good but dilation progressed slowly. At 3 p. m. the bag of water broke. After waiting one hour without progress, with the head in the occipital posterior position which I was unable to change, I sent for Dr. Cole of Norton to assist me. The pelvis was contracted, and the large head would not engage. Under chloroform forceps could not be applied, neither could we do a podalic version. We then sent a hurry call for Dr. Brethourver also of Norton. Upon his arrival chloroform was again administered, and after considerable hard work we succeeded in doing a podalic version, and delivered a 15 pound child dead. The mother died 23 hours later from shock and hemorrhage. In this case there was considerable laceration. Neither my consultants nor myself ever saw as peculiar a case or one so hard to deliver. The

sacral promontory was large and the symphesis pubis was depressed, making it almost impossible to pass the head through. The largeness of the infant made version most difficult. Length of labor, 26 hours.

CASE 4. Was called March 22, at 1 p. m. to see a woman in labor here in town. Primipara 24 years old. History good. Had been in labor since morning. Head engaged with occiput posterior. Pains good, but progress slow. Woman became exhausted and I sent for Dr. W. M. Jones, (Norcater) who administered chloroform, and I delivered a 9 pound boy alive. The perineum required 3 stitches which were immediately put in. There was no rise in temperature, and she made an uninterrupted recovery.

Has any one else had a similar experience? I have been in practice four years and had five cases; four since February 10, 1906. Of these two were primiparal, two were delivered with forceps, and three were lacerated. Average ages, 27, youngest, 21, oldest 34; average length of labor, 18 hours; Died: infant one; mother one. In that case the extra large size of child was the cause of the trouble. One was followed by a great deal of hemorrhage. All five cases were in the right occipit posterior position.

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### Third Demonstrator.

L. R. KING, M. D.,  
Junction City, Kansas.

(From the Golden Belt Society.)

Mrs. W.—Age 39—Married, of German extraction, of good family history, the mother of nine children, the youngest three weeks of age at the time of the reception of a superficial incised wound on index finger of left hand. Ten days after this injury, which had never attracted her attention, she had a sharp chill lasting for half an hour, followed by rise of temperature to 105.5, pulse, 130. Patient complained of severe muscular pain and headache. Examination of hand, arm, shoulder and side of chest showed a swollen brawny condition of skin and subcutaneous tissues, with marked enlargement of the lymphatic glands. The original wound had the appearance of a superficial blister when broken contained straw colored liquid.

After the seat of the abrasion was cleansed and cauterized with pure carbolic acid, it quickly healed, and in the course of a few days there was no further evidence of the original wound.

The local and constitutional condition before related continued with frequent hard chills and high temperature and rapid pulse for about ten days when there appeared localized abscesses in arm, axilla and side of chest. Abscesses were opened and drained as they appeared,



apparently developing in the order of their infection. This period of repeated opening and draining or abscesses, continued actively for about ten days, when the constitutional condition became better,—temperature ranging from subnormal to 103, pulse 100 to 120, with marked prostration. At the end of the second period of ten days the local enlargements began to subside, the drainage of pus was less, the constitutional symptoms keeping pace with the local improvement.

When on the point of apparent convalescence the patient had a sharp chill, with severe pain in left side upon breathing, temperature rising to 105.5, slight delirium, pulse 90, resp. 30, dry cough and in a few hours bloody sputum. Examination of chest by auscultation, revealed suppressed respiration of lower lobe friction rates and dullness on percussion. The next day bronchial breathing appeared in this lobe, a typical lobar pneumonia having developed. The patient maintained the high temperature, the pulse and respiration becoming more accelerated, the delirium becoming deeper, for the following five days when there was a light abatement of all the conditions, and on the seventh day she reached her crisis in a very prostrated condition. Twelve hours after the crisis was reached the left limb began to swell first about the foot and ankle, then extending upward rapidly, involving the hip and inguinal regions. The color at first was purple, and at the end of the third hour from the onset the swelling was of great proportion the color being very dark and indicating marked obstruction of the venous circulation, which proved to be an infectious thrombosis of the internal saphenous vein.

The circulation began to improve by the end of the third day, and by the end of the tenth day the limb was markedly improved. There was great pain in the limb for the first forty-eight hours when this condition changed to a dull heaviness. There was a moderate temperature ranging from 100 to 103, with pulse ranging from 110 to 130, during the ten day period.

Convalescence seemed at this time assured; but when the system seemed to have reached a normal condition so far as the septic condition was concerned, we had a sudden marked chill with pain in right side and a run of lobar pneumonia involving the middle lobe of that lung which reached its crisis on the fifth day with all the conditions that prevailed with the first attack on the left side. At the end of this period of disease in the right lung we had an identical affection of the right leg, however the color was not so dark nor the swelling so great.

The right lung did not clear up as did the left, but a gangrenous abscess formed which was emptied by turning the patient to the left

with head well lowered, often expelling a pint of very fetid pus at a time. For a period of ten days this was done every three or four hours.

This case extended over a period of eighty-three days during which time there was an active septic condition of the system. This does not include the prodroma, nor the long and tedious convalescence.

The attention to this case was rendered under very trying conditions. The patient lived fifteen miles in the country with no telephone communication and no facilities at the home for proper care of the patient. I was provided with a nurse a greater part of the time, and at times when the work was very confining, I had two.

There was no unusual treatment employed, more than the systematic and persistent plan of supportive nourishment.

During the active period of septicaemia before the localizing of pus, we got good assistance from the streptococcic serum. In the period of pneumonia the use of oxygen helped the case along. During the active phlebitis, elevation of limb and hot fomentations continuously used, had marked effect for good. The high temperatures were always controlled with sponge baths. No internal febrifuge was used at any time. Alcoholic stimulants were employed freely at the several crises of disease, our only hope for tiding the patient along.

The lesson which impresses itself on my mind in this case is not to underrate the patient's reserve strength, and conclude that because one apparently just barely lived through one severe struggle with disease, that such a patient has not the strength to go through as much more. We are very often too easily discouraged and do not work with sufficient determination to win the victory. In these long hard fights against the destructive effects of disease on the tissues, we must conserve the energies and add to the vital forces by giving such diet as will nourish: eggs, milk, and beef juice, all properly prepared.

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#### DISCUSSION OF DR. KING'S CASE .

Dr. J. F. Binnie, Kansas City, objected to the use of the anti-streptococcic serum in this case, and said he would rely wholly upon nourishing and stimulative treatment, keep the patient alive, and let nature cure.

Dr. G. M. Minnie, Topeka, mentioned one salient feature in this case that the patient and the family were in the country, were low in the social scale, were of German descent, all of which had their influence, as Dr. King had complete control of the case from start to finish. There was little or no outside influence brought to bear upon the management of the case during this long siege of illness.

Dr. W. S. Harvey Salina, reported a similar case.

Dr. E. L. Simonton, Wamego, favored specific treatment, increase leucocytosis by administration of Nuclein.

Dr. J. D. Riddell, Enterprise, did not favor Nuclein. Has proven to his satisfaction that there is little virtue in Nuclein. He believes Calcium sulphide in septic cases is of benefit.

Dr. Scott, of Denver, stated that in his experience anti-streptococcic serum in exceedingly large doses is of benefit. Nuclein has never given results in his hands and calcium sulphide only in cases of the genito-urinary tract. He cited a case where 2000cc. antitoxin were given to a case of empyema with prompt recovery.

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## THE SIGNIFICANCE OF SUGAR IN THE URINE IN SURGICAL PATIENTS.

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JOHN G. SHELDON, M.D.,  
Kansas City.

Although the subject of pathological glycosuria is from the surgical standpoint, an important one, it is, at the present time impossible to determine the exact significance of the presence of abnormal quantities of sugar in the urines of patients suffering from surgical affections. For this reason statements regarding the significance of sugar in the urine cannot be accepted as final. They are based on clinical experience, and not on facts elucidated by scientific experimentation.

Transient glycosuria should not be seriously considered in performing surgical operations. Although we do not know the exact pathological changes underlying transient glycosuria, it is safe, in the great majority of instances, to disregard this condition in advising surgical treatment. Nevertheless, if the pathological condition for which operation is to be done permits, it is well to subject these patients to eliminative and dietetic treatment before operating on them.

Diabetes mellitus is generally held to be a serious affection, and is ordinarily looked upon as a positive contra-indication to major operative work. It is generally taught that diabetics stand operations badly. They are supposed to be especially susceptible to the bad effects of anaesthesia; to be liable to develop diabetic coma after operation, and to succumb readily to shock and infection. Some authorities intimate that an operation wound may rarely be expected to heal in a diabetic patient. The profession has been generally warned that diabetic coma, sloughing and gangrene of the operation wound, and sepsis, might be expected if a patient suffering from unquestionable diabetes mellitus was subjected to a major operation.

The foregoing statements, which seem to coincide with the views held by a number of operators, are certainly not based on clinical experience and facts. These conclusions have probably resulted from observations made on patients suffering from diabetic gangrene or extensive suppurating conditions. Gangrene and extensive suppuration differ markedly from comparatively aseptic pathological conditions in the estimation of results following operations done on diabetic patients.



Operations for diabetic gangrene are very serious indeed, and will be given separate consideration; while operations on diabetics, for the ordinary surgical diseases, are not attended by an unusual mortality. In this regard, the papers of Tuffier, Noble, Phillips, Kleinmatches, Reyner and others (recording operations done on patients suffering from diabetes), were so convincing to me, that I operated on a diabetic patient for carcinoma of the breast, and on another for prostatic hypertrophy. The results in these cases were satisfactory and differed in no way from those following similar operations on non-diabetic patients.

I can find the report of 71 operations (exclusive of those done for diabetic gangrene) performed on diabetic patients. Sixteen of these operations were done for cancer of the breast. These patients were from 50 to 65 years of age. Most of them had a severe degree of diabetes that was of long standing. Only two of them succumbed to the operation, or to complications arising from it. Rosenberger's patient, who was 61 years of age, and had suffered from diabetes for six years, stood the operation well, but died as the result of a secondary infection of the wound which occurred on the fourteenth day following the operation. Tuffier's patient, a woman 64 years old, showed no serious symptoms during, or after, the operation until the fifth day. At this time she developed an erysipelas which proved fatal. The remaining fourteen cases made uneventful recoveries. In only two, those reported by Fisher and Willett, did suppuration of the wounds occur. This list of cases shows clearly that anaesthesia and moderately severe operations on diabetics are not likely to be followed by diabetic coma, diffuse suppuration or gangrene, if infection is not present previous to the operation.

The reports of 31 operations done on the female generative organs of patients suffering from diabetes, show eight fatal results. In five of the fatal cases the operations consisted of rather prolonged and serious procedures for carcinoma. The patient operated upon by Hirst succumbed on the fifth day to diabetic coma. The operation was an ovariectomy for a cystoma. The patient was 60 years of age; had had 4% of glucose in the urine for a number of years, and was suffering from an advanced degree of hepatic cirrhosis with an enormous ascites. The case reported by Loeb died after a prolonged and difficult operation for bilateral dermoids with numerous adhesions. The cause of death in seven of these cases was diabetic coma. In Futh's case the coma occurred on the eighth day. In the case reported by Landau the symptoms of coma came on as early as the second day after operation. In the majority of the fatal cases the coma developed between the fifth and seventh days.



In two cases, those reported by Kleinmatches, and by Reyner, the operation wounds healed very slowly. In all of the others, the postoperative progress did not differ materially from that expected in non-diabetic patients.

The 17 abdominal operations on diabetic patients, for conditions other than gynaecological diseases, show eight fatal results. Four of these cases, those reported by Naunyn, Railton, Pagenstecher, and Deaver, died from diabetic coma. A death from sepsis occurred in a diabetic patient following an operation for acute appendiceal abscess that was performed by Deaver under local anaesthesia. Death occurred in the patient operated upon by Ball for pancreatic cyst, two months after the operation had been performed. The urine of this patient contained 5% of sugar. Churchton lost a case from sepsis following an operation for pancreatic cyst.

In four of the seventeen abdominal operations on diabetics, the operative wounds did not heal normally. In the case reported by Barker, a colotomy for carcinoma of the rectum, the wound showed no tendency to unite. In Fisk's patient, an operation for suppurative appendicitis, the wound healed slowly by granulation. In one of Barker's cases, a radical operation for umbilical hernia, a repair was delayed but complete. In the case reported by Reyner, also an umbilical hernia, the wound was slow in uniting firmly.

The results in this large number of serious operations on diabetic patients clearly indicate that the importance of diabetes mellitus as a contraindication to performing surgical operations has been overestimated. They show us that the greatest danger in these cases is from the development of diabetic coma, which, in all probability, is precipitated by a combination of the effects of the anaesthetic and the shock of the operation. It is possible that infection may play an important role in the development of diabetic coma. There is no way of determining when diabetic coma may be expected to follow anaesthesia or operation. Neither do we know of any measures that can be relied upon to prevent its occurrence. Preparatory treatment, of course, should precede operation in all of these cases unless the surgical indication is so urgent as to render this impossible.

The presence of infection is of importance in advising for, or against, an operation in a diabetic. A major operation, on a clean case, presents a better risk than a comparatively simple operative procedure if infection be present. In these patients we should limit operations for infectious conditions to simple drainage; and if a diabetic desires surgical treatment for a suppurative condition, in which the pus has an avenue of escape, operation should be refused.

While we are unable to lay down definite rules regarding the advisability of operating upon diabetics we should refuse serious operations to these patients for chronic and non-fatal affections. We are justified in operating upon patients with diabetes mellitus if we have reason to believe that the operation will give complete relief, and that the pathological condition for which we operate is of such a character as to threaten the life of the patient. As has been stated previously, the general and urinary examinations will rarely reveal facts that can be relied upon in advising for or against an operation. The advice of Noble seems of value regarding the significance of urinary findings in recommending operations for diabetics. He, as a rule, postpones operation if more than 2% of sugar is found in urine that is excreted to the amount of three pints in 24 hours.

The advice of Noble may be sufficiently accurate for a working basis, but it is probable that there are more reliable methods for knowing the true status of diabetics. It seems that acetonuria, rather than glycosuria, is the index of the reserve force in diabetic patients. Schwartz and Woldvogel have shown this quite conclusively while Hart and others have confirmed the work of these investigators. These observers contend that the excretion of the acetone bodies in diabetes furnishes the essentials to determine the extent of oxidation in the body which is an index to the patient's reserve force. Although Arnold dissents from this opinion, it would seem probable that acetonuria, in diabetes indicates suboxidation; and that acetone is derived from diacetic acid and beta-oxybutyric acid by processes of oxidation. If this be true, the presence of acetone in the urine would indicate a subnormal resistance in a patient; the excretion of large amounts of diacetic acid would be of more serious import; while the presence of a large quantity of beta-oxybutyric acid, in the urine of a diabetic, would mean that oxidation in the body was very much below normal and that acid intoxication, and coma, might be easily precipitated. A diabetic excreting large amounts of the acetone bodies, especially beta-oxybutyric acid, has a low degree of resistance, and, as a rule, withstands anaesthesia and operation badly.

Diabetic gangrene is a very serious condition but calls for operative treatment in every case. If the gangrenous process is limited to the toes, and a line of demarcation seems about to form, no operation should be done until the extent of the progress of the disease can be determined. On the other hand, if the process has extended to the dorsum, or to the sole of the foot, it can be expected speedily to progress and will not be terminated unless a thigh amputation is done. It is possible that amputation below the lower third of the thigh may be entirely sufficient to arrest the gangrene in some of these cases, but usually a thigh amput-

tation will be essential to secure the best results. We are not justified in these progressive cases of diabetic gangrene in waiting for a line of demarcation to form. This is equally true of the non-infected cases as it is of the moist variety.

In performing amputations for diabetic gangrene of the lower extremities, there are certain precautions that should be observed in every case. Spinal or local anaesthesia should be the anaesthesia of choice. No constrictor should be applied to prevent hemorrhage, and no sutures should be applied to approximate the flaps. These measures are advisable on account of the sclerosed arteries and the poor blood supply in these cases; they can be carried out without difficulty, and aid materially in preventing necrosis of the operated tissues.

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### DIABETES MELLITUS.

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In order to get before our readers the standard and conventional opinions on the disease, discussed in the following paper we quote the following from Professor Von Noorden's volume on Diabetes. (Published by E. B. Treat & Co., New York, price, \$1.50.)

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Until we know more about the nature of the diabetic process than we do at present, we must content ourselves with defining diabetes mellitus as a chronic disease in which glucose is secreted in the urine, thus associating it with its most important clinical symptom, as generations before us have also done. We must, however, make certain reservations in accepting this definition and postulate:

1. That we are concerned only with such quantities of glucose as are demonstrable by ordinary clinical methods, leaving for the moment the question as to whether normal urine contains traces of grape sugar recognizable only by the most delicate tests.

2. That the tendency to glycosuria is a chronic condition, extending over a few weeks or months at least. There are various morbid states in which there is a tendency to transitory glycosuria, but such are not spoken of as diabetes mellitus, although much may be said in favor of their having a common pathological basis.

3. That the sugar appears in the urine when the diet does not contain more carbohydrates than usual; for on a diet abnormally rich in any of the different kinds of carbohydrates even a healthy man excretes them to some extent.—page 17..

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The cases of severe glycosuria are to be judged quite differently

from the previously mentioned cases of slight glycosuria. It must at once be stated that a cure is now no longer to be expected. So far as I know, there is not a single case in the whole literature of the subject in which this has occurred. A slight improvement is possible, especially in cases which had been neglected up to the stage under consideration. As a rule, one must be content if further mischief can be prevented. Even when the influence on the intensity of the glycosuria remains but slight, an intelligent and deliberate treatment may often produce valuable secondary results. Disturbing and dangerous complications vanish. I have seen cases in which the sharpness of sight was reduced by neuro-retinitis to 1-10 and was brought back again to normal by four weeks of rational treatment. Obstinate neuralgia, neuritis, pruritis, may disappear, loose teeth become firm again, the muscles stronger, the diminished body-weight increase; one sees that the results repay trouble, even though the final goal, the cure of the diabetic disturbance in metabolism, cannot be obtained.—page 136.

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When I first began to treat a large number of diabetics, I shared the generally accepted view that a diabetic who, in spite of deprivation of carbohydrate, continues to excrete large quantities of sugar (40 to 60 grams), and who has permanently present in his urine much acetone, diacetic acid and oxybutric acid, is unconditionally a candidate for speedy death. I have had to alter this view. I have patients who showed these effects as much as ten years ago, and from whose urine I then obtained large quantities of oxybutric acid. They have retained these symptoms, and yet even now enjoy good general health and powers.—page 137.

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We are all perfectly agreed as to the fact that pancreas preparations are quite without any effect on the diabetes itself. (It does help the digestion of fat.) —page 154.

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Thyroid extract was praised for some time, but it has since been recognized that glycosuria may rather be produced than abolished by this extract. The same is true of suprarenal preparations. Liver extract, administered per rectum or subcutaneously, was recommended in France a few years ago. We have made a few experiments with it in my clinic. They yielded such lamentably negative results that we soon ceased to use it.—page 155.

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Diabetics are a credulous people. Experience teaches us that they are entrapped almost more easily than people suffering from any other



disease by every possible fantastic advertisement which promises them a certain cure. A large industry in patent medicine supports itself on this credulity. The advertised remedies secure for themselves an apparent good effect in so far as they are accompanied by strict dietetic rules. The decrease which may occur in the glycosuria depends then, of course, not on the drug, but on these rules of diet, which are usually much more stringent than those usually prescribed by the practising physician. The patient cannot, of course, discriminate between the two factors—diet and drug. He is only too much inclined to ascribe to the drug essential effect. Even doctors have fallen into this error, and have later had to confess it to their shame. Many doctors, at least with us in Germany, take up the standpoint that no objections need be raised to patients making use of such quack medicines if they wish to do so. This, in my opinion, is contrary to medical ethics. Such a standpoint often involves danger to the patient. He loses faith in the medical profession when he sees that his doctor is no longer drawing from the well of scientific medicine, but is allowing himself to be led by hard and fast rules and directions given at random by any chemist or druggist. When once the diabetic has lost his faith in the medical advice which he so greatly needs, in both great and small matters, he never again alienates himself from the dangerous quack preparations, and he is no longer available for serious and systematic treatment until it is too late and his tide of life is at its last ebb.

These observations may seem superfluous to some of you, but I believe it to be my duty to make them, because I have so often seen what what tremendously harmful consequences have ensued when the diabetic has once fallen into the hands of irresponsible quacks, and how difficult is it afterwards to set him free from them and their remedies.—pages 164-5.

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### DIABETES MELLITUS AND ITS CURABILITY.

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C. C. SEABROOK, M. D.,  
Burlingame, Kansas.

This disease, like many others, continues to be a mystery to the profession; but of late years we are beginning to recognize that it is, essentially one of impaired nutrition or metabolism. We are able to follow the several evidences of abnormal nutrition, and its effect on the general, as well as local (if such a term is permissible) health of an individual, but there we are forced to stop because we do not know of what that general functional activity of the cellular elements of the body consists of that are included under the general term of nutrition or met-

abolism, therefore the writer does not come before you with a specific, that will cure all cases of this disease; no matter what may be the idiosyncrasies of the individual; the remote or exciting causes, and environment; but he does offer you medical measures that in many instances of this, to many, dreaded disease, will completely arrest the process of disturbed metabolism and direct it into its normal course, and enable many of these cases to regain their normal physical selves.

More particularly, he wishes to call your attention to two or three clinical observations, which if they have been observed by others, it has never been his good fortune to see them in print.

As to cause; briefly, one late writer has claimed that its cause is specific, in the sense that it is one of the tertiary lesions of syphilis, and claims a record of 20 odd cases in which positive cures followed his special specific treatment, but that which he claims a specific treatment, is such only that it is a powerful cell tonic and stimulant to nutrition. And all plans of treatment that are successful in favorably modifying the progress of the disease, will be found to be one that materially stimulates nutrition, and it is by this means alone that this disease can be, or is, cured. Another close observer has made mathematical calculation of the quantity of food each diabetic should take, based on the output of sugar; but this does not modify, in any degree the course of the disease.

As to the cause of this peculiar disease, we are just as much at loss today as in the past, excepting that we know that certain exciting causes will bring it on in many cases. Such as severe nervous shocks, trouble of one kind or another will develop it in some individuals. The writer has personal knowledge of an instance in which a patient died on the operating table under circumstances which profoundly impressed all of the professional gentlemen present; one of whom developed diabetes within one week, and others later. Beyond this we know little, excepting as stated, it is essentially a disease of impaired nutrition. We do not know whether there is a specific toxin; a specific germ or an organic structural lesion of some central control, as in the base of the fourth ventricle; or impaired nerve stimuli of the organs of secretion. No amount of speculative theorizing enables us to deceive ourselves into thinking we know more; nor will the writer endeavor to induce you to think he possesses more definite knowledge.

Dieting never cures. It has never been my good fortune to see a case that was more than temporarily relieved by dieting. But the writer has seen cases who were positively injured by a too strict diet. And there can be no question, clinically, but that some individuals require more carbonaceous food than others; while others require more

nitrogenous food. There was one of my cases who could eat but little nitrogenous food, whose main diet consisted of bread, potatoes, rice, and other starchy foods; and yet, he rapidly improved. Any effort to restrict him caused him trouble. He lost strength, rapidly, and soon was unfitted for work. Another individual could eat little starchy food, his diet being composed almost exclusively of nitrogenous food. Even a moderate amount of starch disturbed him. We must meet the idiosyncrasies of each case. Nor is it possible to lay down iron bound rules by which all cases can be managed, for no two cases are exactly alike, and the peculiarities of each must be humored.

After my X-Ray equipment was installed the frequent allusions in current literature to the fact that X-Ray burns were as a rule slower to heal than any other kind of a burn were a constant puzzle. The writer felt sure that there must be some other, yet reasonable explanation of this peculiarity, that it was not alone due to the effect of the X-Ray on the tissues. But it continued to be a puzzle until he had an X-Ray burn that refused to heal. Previously many instances of slight dermatitis in the same cases had healed without delay until there was one that refused to heal. Immediately the urine was examined, for sugar, and found to have a large percentage. Later a second case behaved the same way, and he also was found to be in a similar condition. There can be no longer any doubt regarding the fact, that, all instances of X-Ray burns that delay in healing are due to that impaired or depraved condition of nutrition always found accompanying glycosuria in urine. Have seen many cases of X-Ray burns heal in those who were in average health but in no instance has the writer seen such a burn heal promptly in one who had glycosuria. Many of these cases have no reason to suspect their condition until some other trouble arises, or an injury fails to heal, and if the doctor has his eyes open he will find the cause. Or if some disease like pneumonia comes their way, he quickly succumbs. The reason why diabetics succumb quickly to all inflammatory diseases that attack them is due to the fact that this additional strain on their nutritive processes, is in excess of their resistive powers. As a rule all diabetics are able to merely maintain life, without any added tax on vitality. Although many cases appear to become tolerant of this condition, and some will go for years without being in other than a little below par. They are easily tired, on exertion mental or physical. They do not feel that they have their former degree of energy, must force and drive themselves to their work. While others are more susceptible to this process, whatever it is, and rapidly become weak, emaciated, lose strength and vitality, and soon die. This is the case with those who are young in years. In those who are 20 years old

and under the disease is more liable to rapidly progress to a fatal termination.

Another observation to which it is desired to call your attention is that about 95% of all cases of chronic eczemas are due to glycosuria as the exciting cause, while the other 5% are due to either uric acid or diabetes. (This may be an Irish bull, or some other rhetorical animal, but is a fact just the same). Such a large proportion is due to glycosuria that you are justified in first looking for this cause. There is a distinguishing clinical difference that will enable you to determine to which class they belong before using either the fermentative or chemical tests. When glycosuria is the cause it will be observed that the eruption extends into the deeper structures of the integument, even in to the cellular tissue; while if it is due to uric acid the lesion will be more superficial, rarely doing more than producing vesicles of the outer layers of the skin. But do not forget that this observation is applicable only to chronic cases, or those of long standing, and not to acute or recent cases.

Clinical experience has demonstrated that any agent or remedial measure that will stimulate nutrition will either cure or relieve a large number of these cases; that is, sugar will disappear from the urine, or be reduced in amount, all skin lesions will heal; and other evidence of the disease will cease to be observable. Regarding the process which is termed nutrition, we know little more than that it is the sum of several functional activities. That these several functional acts contribute to, ultimately, the molecular changes of the protoplasm of the cells of an organism. The ingestion of food, its digestion, through the several stages until this one act is completed; secretion as well as excretion; absorption and assimilation, as well as other functional acts of the entire organism contribute to this ultimate act of the cell of the body. If any one of these many different processes are interfered with, or impaired, the sum of the whole is diminished. It will not help us to think we know much more than this, but it is the part of wisdom to seek for that agent or measure which in each particular case stimulates either the ultimate protoplasmic activity, or that one process whose functional activity is depressed below its normal degree, to endeavor to ascertain that which will manifest the greatest degree of effect as a cell tonic, or which will stimulate the sympathetic system which controls the several functional activities of the contributing process. In this connection permit me to state that in this class of cases, as well as in all chronic cases, no part of your work will tax your resources more than the effort to determine the cause of the trouble in each particular case. In one it will be quite different from what it will be in another. And if it will tax your power of observation in ascertaining that one of the contributing acts of nutrition



which is the principal cause in a case, it will be a fraction of the skill required to keep in touch with the case, and to see that all of these contributing processes are functioning properly, and in addition, to see that all of the eliminating organs are, also, functioning as they should, for elimination is an essential end of the act of nutrition. Those agents which I have found to best answer these purposes varied with each case. That which succeeded in one failed in another; so that the easiest way to give you a clear idea of my plan of treatment will be to give a brief history of each case and the method followed, and thereby enable you to judge of the remedial effects of each measure

CASE 1.\*—Mrs. A.—age 53 years, consulted me in June 1905 for an extensive eczematous eruption involving the external genitals, extending down the inner aspect of each thigh to the knee of each leg, and upward over the abdomen to, in some places, as high as the sternum. Patient weighs over 250 pounds, is only 5 ft. 5 inches in height; has a pendulous abdomen, is married, had one child who is old enough to have children of her own. This condition has persisted over a period of 5 years or longer, insists that this eruption is the only thing that is wrong with her health. The integument is thickened and swollen until, in some places, it is thicker than the average hand; and all hair over the affected area is gone. Her suffering is acute, for she cannot rise or sit down without moaning with pain. If she is left alone a few minutes she falls asleep; which indicates the presence of acetone. Examination of urine for sugar and acetone discovered both to be present in large quantities. The acetone is the cause of her drowsiness, and usually the cause of what is called diabetic coma (For the benefit of those who do not know it, will say that this condition is quickly relieved by giving about 15 grains of Soda Bicarbonas in half a glass of water three times a day. From three to six doses will give immediate relief, by dissolving out the acetone from the blood and urine). The treatment adopted in this case was X-Radiation over the eczematous area; carried out at first, daily, until it showed signs of improving, when the treatments were given every second or third day. Briefly, the skin trouble disappeared in less than five weeks, so that the skin was smooth and even over the surface involved. In addition, central galvanization and faradization was commenced and applied every second day for a period of six weeks, reducing the amount of sugar to a trace. At this stage the patient insisted on returning home, for a short visit, and consent was given under protest, simply because she would go, whether or no. Three weeks later she returned in a pitiable condition. The eczematous eruption had returned, although not as extensively as at first, but in addition she had mucous colitis; also a gangrenous spot on the inner aspect of left ankle near the malleolus; the area that was gangrenous covered a surface of about 2 by 5 inches. Intestinal antiseptics quickly controlled the intestinal trouble; and the former treatment was resumed. Although the eruption rapidly healed under the X-Radiation, the quantity of sugar showed no reduction under the constant current treatment. At this stage of the treatment the Roberts-Hawley Lymph-Compound was begun and persisted in during a period of six weeks. During this time the quantity of sugar gradually grew less until finally it was a question whether there was even a trace present. Again this

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\*Dr. Seabrook states that he would like to have the diagnoses of his cases verified. Therefore we ask our readers for their opinions as to the correctness of the diagnoses,—  
EDITORS.

patient insisted on returning home, and went in opposition to urgent advice to the contrary. But last reports are to the effect that she is enjoying good health; is doing all her own housework, and never felt better; although I think, from the report received that there is a small amount of sugar being voided at this time.

CASE 2. J. C.—aet 62 years, tradesman, Referred to me by Dr. Schenck. Has always enjoyed what he calls good health, until he felt a growth in his throat which caused him considerable inconvenience and some pain. Careful examination discovered a growth between tonsil and posterior wall of fauces, on the right side, that had a suspicious look so far as malignancy was concerned. Was advised to try X-Raying to see effect. This was begun, and continued daily for a time, then every second day during a period of 11 weeks. On account of the location of the growth it was necessary to Ray through from the outside, while lead protective was used over the surrounding surface. Several times he developed a slight dermatitis over the exposed area, on neck, but at no time was it deep enough to cause blistering until the last treatment, which produced a deep blister over the tip of shoulder. Patient had been instructed to state when he felt a sense of heat; but neglected to speak promptly, until too late. Also a slip of the protective exposed the tip of shoulder, so that it was burned deep enough to blister. As this failed to heal promptly, the urine was examined, and found to contain about 3% sugar. Central galvanization and faradization was begun and carried out along with high frequency current for both its local and constitutional effects. Marked improvement followed this plan of treatment, but on cessation of treatment a relapse followed at once. At this stage the Lymph-Compound was commenced and one ounce administered, with likewise a distinct improvement. Unfortunately the financial circumstances of this patient was such as to prevent him continuing either of these treatments long enough as, evidently, was necessary in his case to restore him to his normal condition.

CASE 3. G. C.—aet. 48 years, a professional man, consulted me for an eczematous eruption that has come out on his arms and legs, and cause him great annoyance on account of itching and burning. As near as he can remember he has had this condition for about five years. Examination of urine discovered 1% sugar. The Lymph-Compound was a commenced and two ounces given. A more marked and prompt response has never been my pleasure to see; in less than two months all trace of his eruption had faded, and all sugar disappeared from his urine.

CASE 4. Mrs. F.—aet. 43 years, consulted me for an eczematous eruption that has persisted back of her left ear during a period of from 5 to 5 years, but now suddenly and rapidly extended over entire left side of face. The new eruption is intensely burning and itching as the new vesicles form, even before they are apparent, its coming can be foretold by reason of this intense burning; but as soon as the vesicle becomes apparent, the burning gradually ceased. Examination of urine discovered it loaded with sugar. No qualitative analysis was made. X-Radiation over affected area was begun and in less than 10 treatments was as smooth as the other side. High frequency currents as also central galvanization and faradization applied along with these, with but little effect in reducing the amount of sugar voided. Lymph-Compound commenced and adm inistered with decided effect. Although only one ounce of this remedy was given to this case yet the sugar was reduced until it disappeared, and although treatment was suspended against my advice, patient reports continued good health; with no sign of a return of the eruption.

CASE 5. W. K.—aet. 20 years. When this case came under my care he was in a pitiable condition: The physician under whose care he had been had advised very strict diet, one that apparently was too exclusive, and one-sided for this case.

Patient was emaciated, surface of body covered with a peculiar eruption, evidently due to some kind of a toxæmia. This eruption was partly papular, and partly pustular and ranged from 1-8 to 3-16 inches in diameter; were very painful on slight pressure. He passed a slop jar full and chamber over half full of urine during the night, but did not pass urine as freely during the daytime as during the night time. His urine averaged about 2% sugar. He was ordered a mixed diet, with cathartics to stimulate glandular secretion in bowels. This was followed with saline laxatives to flush out bowel, along with intestinal antiseptics. Immediately after his primaiae were flushed out of accumulated toxins, he was given iron, strychnia and nuclein, along with the High Frequency current. A prompt response was observed, his skin cleared up, the quantity of sugar was reduced. Later, when the High Frequency current had ceased to stimulate his nutrition and he was at a standstill, a change was made to central galvanization and faradization with good effect. He increased in weight, color, became natural, and sugar was reduced to a faint trace. At this point his father thought he was well enough to discontinue treatment; although I urged them not to stop it. But a false economy decided the question, and he ceased coming for treatment. His improvement continued over a period of five months, when he began to relapse with a return of increase in the quantity of sugar and loss of strength, and other evidences of a diabetic condition until some 14 months after stopping treatment he is one-half as bad, as far as the diabetic condition is concerned, as when he began treatment.

CASE 6. Mrs. T. E.—aet. 35 years, Following a series of domestic troubles, she developed a facial eczema which was found to be due to sugar; about 2%. Treatment with Lymph-Compound was commenced, along with High Frequency currents which promptly reduced sugar until it disappeared. Now four months after stopping treatment, notwithstanding continuance of trouble, sugar has not reappeared.

CASE 7: Mrs. S. G.—consulted me about May 1, 1906, for a condition of her feet that first appeared last January, and has been called by attending physician, rheumatism. Both feet are swollen as far as the ankles, and have a dark glistening red color back to the instep. The toes of both feet are distended to double their natural size, with vesicles in the skin, more numerous where skin of toes is reflected over the ball of foot. Examination of arteries discovers very slight degree of atheroma; but examination of urine disclosed about 2% sugar. Inquiry ascertained the fact that patient has been subject to recurrent attacks of eczema on arms and legs, over a period of 5 or more years, when she a severe fall. She suffers severe burning pain in the parts that are swollen, while occasionally, particularly at night, this burning becomes intense, so severe as to be almost unbearable. Patient has been a hardworking housewife, keeping boarders for many years, and although slight of physique, not over 4 feet nine inches in height and weighs about 85 pounds, has been unusually strong. As one of her acquaintances expressed it, "she is a stem-winder" for hard work. Has been treated for rheumatism, but as condition grows more severe she has become anxious thinking the cause is more serious than a rheumatism. Physical appearance of both feet is that of a good clinical picture of the early stages of senile gangrene. Began treatment at once with High Frequency currents, locally, and of the Lymph-Compound. Although this case has been under treatment only a few days, the response has been marked, the positive effect of both remedies is so clear and decided that the redness has disappeared almost entirely, while the swelling is reduced over one-half. The vesicles are drying up, and all burning and pain has ceased. On account of her age and physique, have strong doubts that this case can be wholly cured of her diabetes, but feel assured that the gangrenous condition can be relieved and the circulation of



the feet restored to nearly their normal condition, so as to maintain the nutrition of these extremities.

CASE 8. Mrs. E. V.—aet. 55 years, weight 275 pounds, height about 5 ft. 5 inches. Has a large patch of eczema on the inner aspect of both legs, just above each ankle, or covering the inner surface of the lower third of both legs. This condition has persisted during a period of over 17 years, and was severe from the beginning. In both the ulceration extends into the structures under the skin, and discharges constantly a serum that thick layers of cloths does not restrain or absorb. Both legs are swollen to the knees, and she is in constant misery, from the sense of persistent burning in affected area. The only way by which she can obtain temporary relief is by bathing the with hot water, by laying cloths wet with water so hot as to burn her hands. By this means she can get a couple of hours relief so as to sleep. Urine shows 3% sugar. This case is most unpromising. I promised her immediate relief so far as discomfort in her legs were concerned, but was doubtful of absolutely curing the cause of it, the diabetic condition, as her age and length of time afflicted and weight were against her. But she wanted relief first, and was willing to accept anything. X-Radiation of the eezematous areas was begun and continued, until within three weeks one patch was healed, and the other in five weeks. Relief was immediate, with the first few treatments, Lymph-Compound was begun and followed for a period of six weeks which brought the sugar down to 1%. Then Arsenauro was commenced, and continued to the present time. Later intend to give her the High Frequency currents for their constitutional effects, by an entirely new technique, using a new reonator, and hope good results from this method. This patient can be kept comfortable, which is more than can be said of any other plan of treatment.

All of these cases were ordered restricted diets, one that appeared to best meet the indications of each case. Some were more stringent than others, while in all the restrictions were only so far as was absolutely necessary to maintain strength.

During the past two years I have had 11 cases of glycosuria under observation and treatment. Some of these did not take treatment. Of this number three have died, one a child of 3 years, another aged 30, a lady, and another about 20 years of age. Of these cases who received treatment I am positive that the greater number would have received more benefit than they did, had they continued treatment for a longer period of time. One difficulty we have to contend with in these cases as well as in all chronics, is to prevent them stopping treatment too soon. With them, well enough is good enough, and instead of persisting with treatment not only until all evidences of the disease disappears, but afterwards, so as to give the system increased resistance power and prevent a relapse when exposed to the first depressing influence. Some cases require two months, some 6 months, and some few, even a longer time.

In one family whom I have seen, the father and mother, two sons and a daughter have glycosina, only one of them received treatment with good effect. The others are always complaining and are easily depressed by adverse influences.



With these electro-mechanical remedial agents as well as the powerful cell tonics for internal administration which we have at our command now, enables us to influence nutrition in cases that heretofore were considered hopeless, and many of these, supposedly incurables are now being cured by these agents, cured in the sense that they do not relapse. Thousands of intelligent physicians are repeating these results; Knowledge of them is the exclusive property of no one person. We must not think that each modality or agent will produce the same degree of effect in all cases, but operating in conformity with known physical laws the same effect, varying only in degree can be duplicated. We must exercise judgment in the selection not only of cases, but also of the modality to be applied, as well as the remedy for internal administration, that will be the most effective in each instance. Sometimes we can do this beforehand, in others this will have to be guided by trial. But do not forget, that so long as we are able to stimulate nutrition there is a prospect of a patient recovering or regaining strength. I have heard physicians state that they cannot understand how these remedies or agents can cure; to this I reply there is much in medicine we do not understand, and a large number of remedies are constantly being used, the effects of which are not understood. Have you ever given a thought to how much of our therapeutics of today is based on empiricism? On the clinical experience of the profession of the past? But none the less we profit by them. Is there any one who will claim that every prescription he writes is efficacious? That they never fail to meet the indications? We may not clearly understand how they produce their therapeutic effects, but there are too many physicians who are demonstrating every day that these remedies will do certain things, and we are not so wise that we can afford to question their clinical experiences. Nor is their administration mere routine work. One reason why so many fail is that they think that it is merely the administration of so many drops twice a day or oftener, and wholly fail to take into consideration that there is more than this. It is not the remedy alone, but the manner in which it is given, that secures results. We must mix brains with them quantum sufficiat—if we would expect to duplicate the results of others. And if we fail to get the same results it is either the quantity or quality of the brains that goes into the mixture.

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#### DISCUSSION.

DR. STEWART: The subject of diabetes is one of great interest. Until recent years the cause has been very obscure indeed. That it was some derangement of the nutritive system was about all that could be said. Twenty-five years ago, while writing a paper on diabetes mellitus, and remembering in my reading that the irritation of the floor of the fourth ventricle of the brain in rabbits caused sugar to appear in the

urine. I was called to see a man who was injured in a stone quarry. The boom of a derrick in falling, struck the man on the head, fracturing his skull and driving a triangular piece of the skull deeply into the brain. I turned out the blood clots, bound his head with a handkerchief and had him carried on a stretcher to his home about a mile distant. Being paralyzed, it was necessary to use a catheter. On the second day I tested his urine and found it loaded with sugar. This man lived twenty-one days, and sugar was found in his urine up to the time of his death. He was a young, strong man, with no diabetic symptoms previous to his accident. The explanation of the presence of sugar in this man's urine in the light of our knowledge is clear. That is, the part of the brain which governs the distribution of sugar, namely, the ductless glands in the pancreatic gland, i. e., the Islands of Langerhans, were deprived of their governing power residing in that part of the brain which had been injured. The more we study this disease, the stronger the proof that these conclusions are true.

DR. GODDARD: This subject is rather out of my line. I suppose the glandular products will cure everything after a while; at least a good many of them have a place with all physicians, in certain diseases. The cure of diabetes may be possible, and I hope it is. So far as any experience is concerned I have had no cures from the use of those remedies (goat lymph, etc.) All the cases of diabetes I have ever seen have died before they got through with it.

DR. GLASSCOCK: This is a very unique paper. I have been practicing medicine for twenty years. I am connected with the active staff at St. Margaret's hospital and have been for five years; I have had considerable general practice; I have been in some very large hospitals at different times in my experience,—and I never saw as many cases of diabetes as were detailed in this paper. Whether there is a peculiar germ in the locality where this doctor lives, I am unable to say. I think my experience, perhaps, has not been very different from that of most doctors.

Another thing I have observed, and that is that the treatment of diabetes is not very satisfactory. I have been reading more or less medical literature for a good many years, and excepting in the advertisements of arsenaurol, my observation is they do not get well. In genuine cases of diabetes they may live for a great many years and not suffer any great inconvenience, but I have observed that when sugar is there, it is there until the patient is transplanted.

DR. MCGUIRE: Dr. Glasscock forgets one very well known fact that diabetes is peculiar to certain localities! The mere statement that there is such an epidemic in an adjacent county, ought not to incite such credulity—possibly it might occur just as well there as in certain known sections of Europe where diabetes is very prevalent! Some one has expressed it reasonably well when he says diabetes is characterized by excessive flow of urine containing glucose, due to imperfect manufacture of metabolism of the body. The proposition of whether the liver is manufacturing sugar faster than metabolism can take care of it, depends upon the condition of the island of Langerhans.

The nerve cause may be possibly explained in the control of the blood supply to the liver: if an increased current is allowed to go through too rapidly for the glycogen to be manufactured we have defective metabolism. Again the trouble is purely in the pancreas. The later writers also lay considerable stress upon some disturbance, in some unknown manner, in the suprarenal gland.

Now the question of whether diabetes ever gets well or not—some of us have seen cases we have watched for a series of months, and sometimes for years, have made

examinations every thirty to ninety days and have failed to find sugar with all the tests that we know. I call to mind tonight, two or three cases of that kind. I can call to mind this minute three men, with sugar in their urine, proved by every known test, and yet the individuals to all intent and purposes are perfectly well. I can recall cases where I have examined them for sugar today, and tomorrow not find any; the next day again find it. I know of three men whose urine we can examine in the morning, when the old text books will tell you to examine the urine, and find it absolutely free from sugar. Examine it in the afternoon and you will find sugar. Diabetes depends, like everything else, on what is the matter

It is exceedingly unfortunate for the benefit of humanity that the rest of the community cannot get the marvellous results out of this goat's lymph that the author of this paper has. To me his statements are rather absurd. I have used that goat lymph, and as a mind cure, or christian science proposition, it is pretty good. I do not think there is a rap in it.

Whether diabetes ever gets well or not I cannot tell. Diabetes is not simply glycosuria it is due to what is the matter with him. You will find a case occasionally where you cannot find any known cause.

DR. R. H. MEADE: With reference to glycosuria—I examined our district judge and I found some trace of sugar. I examined a healthy specimen, and I examined a specimen of my own urine and I found it loaded with sugar, and it scared me pretty badly. I called the doctor across the hall and I examined a specimen of his urine and I found his urine loaded with sugar. I am interested in knowing whether glycosuria is diabetes or not. Of course I examined it about twice a day, and found the absence of sugar in the forenoon and its presence in the afternoon. I sent a specimen to Dr. Tyson of Philadelphia and he found sugar. He told me my condition was of no clinical importance. I have examined it frequently since; I have never found any time in the afternoon but what I found sugar. We find by diet we can eliminate it. I began to examine every specimen that came into my office, and about forty per cent of the cases in our county, at some time or other, you can find sugar in their urine. I think the locality has a great deal to do with it. Dr. Warner of Denver told me that everybody who came from Western Kansas had sugar in his urine. I have got over my scare and go right on the same as I always did. I always find the sugar in the afternoon.

DR. SIMONS: I was called to see a young boy about twelve years old, suffering with mumps, and as is usually the rule with me in examining my patients I took a specimen of urine, and found the specific gravity a little above 1030. I found the urine loaded with sugar. That alarmed me. Next morning I could not find any symptoms that pointed to diabetes. At the second examination I found no sugar. They informed that he had eaten about five cents' worth of cheap candy before my first visit. I am wondering whether that accounted for the sugar in his urine or not.

DR. SEABROOK, (closing): All that I have to say on this question has been said in a purely scientific spirit. I have simply stated facts. If a man has not a mind capable of appreciating a fact, that is his misfortune. [See the following afterthoughts submitted by Dr. Seabrook.—Editors.]

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### DR. SEABROOK'S DISCUSSION.

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(Submitted with the paper for Publication.)

For the benefit of those who might be influenced by a sneer, allow me to state that about ten years ago I retired from general practice, and



since then my work has become, year after year, more exclusively office work and consultations. In the latter class of business I act on the principle, that when a physician wants help so much as to send for it, he wants it immediately, and therefore I never refuse to respond to call from a colleague. But during the past three years my business has been confined, almost exclusively to chronic cases, and consultations, so much so, that it is rare for me to see an acute case, except in consultation. Many of the chronic cases are sent to me by physicians, some from adjacent counties; and of all the cases of diabetes that came under my observation, seven were from outside this community; and of these, three were from adjoining counties. Further, I am confident that there are a larger number of diabetics in each community than are supposed to be present; for nearly all cases of chronic eczemas will be found to be due to this cause, also many who do not have any skin lesion. And that they are not due to indigestion is determined by their persistence.

That some cases of diabetes are due to indigestion is true; also, that some are variable; but the fact alone that sugar is excreted in the urine is in itself an ominous sign; for its presence alone is evidence of impaired nutrition to some degree, and of lowered vitality and resistive power, in a corresponding degree.

During the past twenty years an almost incredible advance has taken place on the surgical side of the profession. A change that every one recognizes and praises, and even boasts about. To read the reports from the surgical members of the profession we would think that no other branch of the profession has made any progress; and some are actually ignorant of the fact that therapeutics in all its departments has made an advance as great as that claimed by surgery. Such a large number are actually skeptical as to the effect of drug therapy, that they have failed to keep in touch with progress in this branch of medicine. If any one should have the temerity or courage to inform them that during the past 15 years there has developed a method of exact and accurate drug therapy, that this method is being practised by thousands of physicians in both general and special practice, by those who represent the thinking men of the profession, that the more they use it the more enthusiastic they become in the certainty of effect they now get, instead of the uncertainty when they prescribed the galenicals, they would expect nothing else than ridicule or abuse, and be asked why are they ignorant of this method if it is one of such general information?—simply because they remain in ignorance of it from choice. Notice of it has been brought to the attention of almost every member of the profession in the state, but many raise their professional noses in the air and say that they know better than to believe such “rot” Refusing to give it further



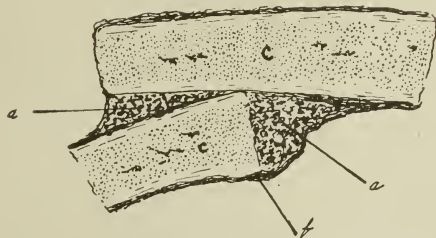
thought, study, or investigation, they continue in ignorance, while others profit by the knowledge. The world "do move," both physically and metaphorically, and he who is wise in his own conceit, hedges himself about with a wall of prejudice that becomes impenetrable by facts, no matter how clear and penetrating they are to the mentality of others. They don't want to be disturbed out of the mental lethargy into which they have sunk, because it is so much easier than learning something new. And instead of admitting what the majority of the profession know to be the truth, they hold up their hands in horror at the bare suggestion that some one has cured a case they were taught to believe incurable. It is to be regretted that they will go where they may hear such things, to learn that therapeutics has progressed along with other allied branches of medicine; for if it is such a shock to their anaesthetic state of mind, they had best remain away from where thinking men do congregate.

Do we as a society recognize that we are living in the 20th century? That one of the purposes of this society is for the investigation and study of scientific medicine? Then we should conduct our meetings in a manner that will prove that we are all this. But if we question every advance; if we are skeptical regarding therapeutical progress, and allow progress only in the surgical branch of medicine, we had better close our Society, and devote our time to something else. If we must use the same remedies that our fathers in medicine used, merely because—if his plow was good enough for him, it is good enough for me—if this is what we actually regard therapeutics, then our association is doing us little good. If fault or failure is never ours; if we never write a prescription or compound a mixture that fails; if we are not willing to admit that any failure in therapeutics is due to our inefficiency, but always is due to the inefficiency of the remedy or remedial measure used, progress is not possible. If progress is being made, let us admit it, and further, let us make a concerted effort to make even greater advance in therapeutics. Therapeutics is keeping abreast of the allied branches in the advance each is making, not independently of the others, but in association with the others, and we should endeavor not to remain ignorant longer than we can help of what is being done in this branch.

## PATHOLOGICAL SPECIMEN,—BILATERAL DEFORMITY FROM COSTAL CARTILAGE FRACTURE.

A. L. SKOOG, M. D.,

First Assistant Physician, Kansas State Hospital for Epileptics,  
Parsons, Kansas.



FRACTURE OF COSTAL CARTILAGE. a—bone. c—cartilage. f—fibrous tissue. See Dr. Skoog's description. Drawn by Dr. Trimble.

The pathological specimen which I am presenting to you this afternoon was removed at a post mortem a few weeks ago at the State Hospital for Epileptics. It is being demonstrated on account of the rather uncommon occurrence of costal cartilage fractures, the bilateral being very infrequent. Pozzi in 1888 was able to collect from the literature only 79 cases, the earliest one being recorded by Zwinger in 1698. It is quite possible that a number of cases are never diagnosed.

The patient was admitted to the institution 20 months ago as an epileptic. At the time of his admission according to the history furnished, his disease had been present for 18 months. A diagnosis of general paresis was made a short time after his admission and fully substantiated by the subsequent course of the disease. He was 45 years of age, and had been an active robust man with very good muscular development. His right hand had been amputated a short distance above the wrist; left external ear had been partially torn off; nose was deformed very probably from an old fracture; right knee slightly ankylosed and enlarged; left ankle deformed from an old Pott's fracture; had a slight bilateral lower costal cartilage deformity; and other evidences of injuries received before his entrance to the hospital were noted.

A history giving any chest trauma which would account for the fracture and following deformity was not attainable. It may date from a few or many years ago. The injury was most likely one of direct violence over the lower end of the sternum and sternal end of the costal cartilages. The methods of fracture are direct which is most common, and indirect. Among the indirect have been reported severe muscular

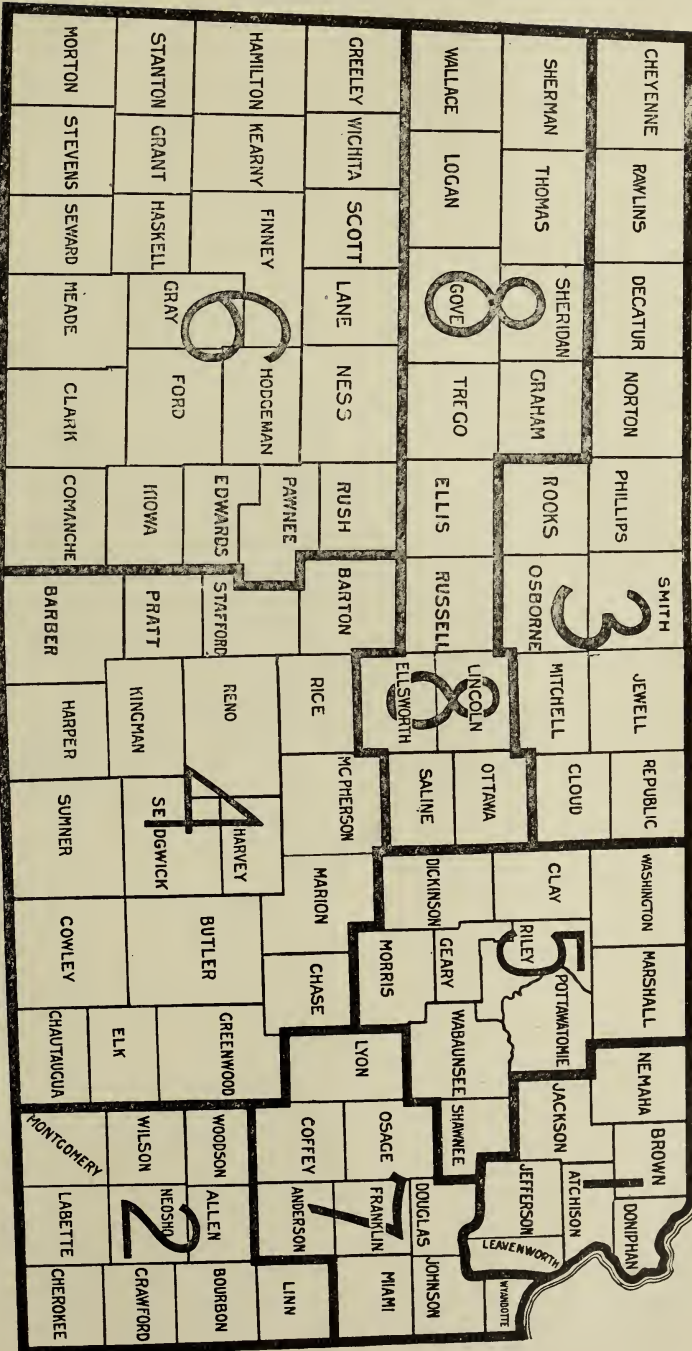
exertions, parturition, sneezing and coughing. Some of the indirect cases which have been reported have had previous degenerations of the cartilages acting as a predisposing cause.

The specimen removed from the right side shows the fracture to have been through the sixth and seventh costal cartilages at a point on a longitudinal body line passing at the tip of the eighth. The point would be about 6 cm. from the sternum in this case. The fragments had healed in a position that allowed the costal end to over-ride the sternal 2 cm. The external surface of the sternal fragment of each cartilage is applied to the internal surface of the opposite corresponding fragment at a little angle. A considerable amount of true spongy bone has been formed in these angles and at other areas involved in the union. This bone has developed from the perichondrium of the costal cartilages. Much newly formed connective tissue entered into the reparative process. Even where the fragments are squarely broken off, which with a moderate obliquity are the usual forms of fracture, and the ends closely approximated, connective tissue is the chief one to enter into its repair. The union is in nearly all cases aided by a surrounding ring of spongy bone. A few cases of pseudoarthrosis have been reported.

The right specimen has been sectioned longitudinally through the sixth costal cartilage which shows very distinctly the connective tissue intervening at the nearest point of approximation and well developed bone in the angles. It was cut with some difficulty, resulting in a slightly jagged cleavage, due to a considerable calcification being present. More or less calcification occurs in all persons past the prime of life, and this would especially apply to the case under discussion whose death was caused by exhaustion of paresis.

In examining the specimen from the left side, we find the location of the deformity from the old fracture to be in the sixth and seventh costal cartilages about 1 cm. nearer the sternum than in the one from the right. The sternal end over-rides the costal about 2 cm. Thus in healing the internal surface of the sternal fragment was applied towards the external surface of the costal fragment so as to form quite an angle. Here, too, there is a fibrous union with a well developed encircling band of spongy bone.

Authorities state that the seventh and eighth costal cartilages are most frequently involved, and the site of fracture more often near the junction to the rib. The injury usually occurs in those more advanced in years, the much greater elasticity of the costal cartilages in childhood and youth preventing these accidents. There is not the same marked tendency toward repair as in the bony rib. In some cases, healing may be very slow.



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M. F. Jarrett . . . . .	"	R. R. Hunter . . . . .	"
B. A. McLemore . . . . .	"	J. R. Nusman . . . . .	Ft. Scott
E. B. Payne . . . . .	"	W. L. Hopper . . . . .	"
J. S. Cummings . . . . .	Bronson	S. C. Hall . . . . .	"
E. B. Cummings . . . . .	"	C. A. Van Velger . . . . .	"
D. W. Shuler . . . . .	Devon	W. S. McDonald . . . . .	"
E. Butler . . . . .	"	W. S. Metta . . . . .	Uniontown

**Cherokee County.**

C. S. Huffman . . . . .	Columbus	W. N. Johnson . . . . .	Columbus
J. P. Scoles . . . . .	Galena	J. W. Janes . . . . .	"
H. B. Savage . . . . .	"	John Allen . . . . .	Galena
F. D. Northrup . . . . .	"	J. H. Green . . . . .	"
J. H. Boss . . . . .	Weir	A. A. Shelly . . . . .	"
R. M. Markham . . . . .	Scammon	H. A. Brown . . . . .	"
H. H. Brookhart . . . . .	"	R. S. Mahan . . . . .	Mineral
A. T. Revell . . . . .	"	R. C. Wear . . . . .	Baxter Springs
G. B. McClellan . . . . .	Weir	R. C. Lowdermilk . . . . .	Galena
L. Griswold . . . . .	Columbus	F. L. Ball . . . . .	Hallowell
W. W. Ward . . . . .	Hallowell	W. R. Scott . . . . .	Columbus
R. B. English . . . . .	Baxter Springs	J. H. Boswell . . . . .	Baxter Springs

**Chase County.**

F. T. Johnson . . . . .	Cottonwood Falls	A. Kendal . . . . .	Cottonwood Falls
Sam'l Steele . . . . .	Strong City	C. F. Hoover . . . . .	Saffordville
J. T. Shelly . . . . .	Elmdale	W. N. Rich . . . . .	Clemento
C. L. Conoway . . . . .	Cottonwood Falls	J. M. Hamme . . . . .	Cottonwood Falls
Jacob Hinden . . . . .		Cottonwood Falls	

**Cloud County.**

W. B. Beach.....Clyde  
 A. G. Sexton ..... "  
 C. F. Leslie..... "  
 ---Girard..... "  
 Wm. Farr.....Miltonville  
 J. R. Hall..... "  
 W. B. Newton.....Glasco  
 J. H. Brierly..... "  
 L. A. Marty .....Jamestown  
 G. N. Hartwell ..... "  
 F. A. McDonald .....Aurora

C. Goover.....Clyde  
 R. J. McLaughlin ....Hollis  
 W. R. Priest .....Concordia  
 S. C. Pigman ..... "  
 W. F. Sawhill ..... "  
 A. J. Weaver ..... "  
 G. W. Coffey ..... "  
 A. R. Marcotte..... "  
 Chas. Caton ..... "  
 E. Tourigney .....Aurora  
 F. E. Way .....Concordia

**Clay County.**

M. W. Horner .....Clay Center  
 R. C. Horner .....Green  
 B. F. Morgan.....Clay Center  
 R. J. Morton .....Green  
 D. J. Moore .....Idana  
 X. Olsen.....Clay Center  
 M. C. Porter ..... "  
 A. Pearson .....Wakefield  
 S. Reynolds .....Clay Center

J. P. Stewart .....Clay Center  
 C. C. Stillman.....Morganville  
 R. A. Stewart.....Idana  
 T. E. Schwartz.....Clay Center  
 G. A. Tull ..... "  
 D. C. Tyler .....Clifton  
 D. P. Cook.....Clay Center  
 J. A. Phillipson .....Clifton  
 S. M. Edgerton .....Leonardville

**Crawford County.**

H. M. Bacon.....Nelson  
 H. H. Bogle.....Pittsburg  
 H. B. Caffey..... "  
 E. Sloan ..... "  
 G. E. Cole.....Girard  
 H. K. Cowan .....Midway  
 A. J. Dodds .....Fleming  
 D. A. Iliff.....Cherokee  
 M. K. Scott .....Frontenac  
 J. G. Sandige.....Mulberry  
 C. A. Smith.....Yale  
 A. C. Graves .....Pittsburg  
 A. C. Lyngar .....Opolis  
 C. Passaedetti .....Pittsburg

Wm. Williams .....Pittsburg  
 G. W. Williams ..... "  
 Arthur Moberg..... "  
 R. B. Gibb..... "  
 A. M. Smith.....Cherokee  
 R. B. Stafford .....Walnut  
 J. J. Cavanaugh..... "  
 C. R. Tinder.....Englevale  
 Chas. M. Berthalf...Cherokee  
 A. A. Dickinson....Pittsburg  
 C. C. Morrison....McCune  
 L. P. Adamson .....Girard  
 F. L. Keeler.....Farlington  
 Frances A. Harper ..Pittsburg

A. O. Blair.....Pittsburg

**Cowley County.**

C. L. Newlon .....Winfield  
 T. B. Tandy ..... "  
 C. M. Holcomb..... "  
 T. A. Jacobus ..... "  
 F. B. Emory..... "  
 Geo. Emerson..... "  
 T. E. Hinshaw ..... "  
 Wm. T. McKay.....Arkansas City  
 Geo. S. Morris ..... "  
 G. P. Wagoner.....Dexter  
 S. J. Guy.....Winfield

J. W. Sparks .....Arkansas City  
 C. E. Pugh.....Winfield  
 H. L. Snyder ..... "  
 E. F. Day .....Arkansas City  
 B. C. Geeslin ..... "  
 A. W. Dortch..... "  
 W. H. Manser .....Burden  
 C. T. Ralls .....Winfield  
 H. C. Binson .....Maple City  
 Chas. Dunning .....Arkansas City  
 J. H. Gwinn ..... "

**Coffey County.**

J. C. Fear.....	Waverly	Wm. Monson .....	Burlington
C. L. Davidson.....	"	V. McMullin .....	"
A. K. Berry .....	Burlington	D. B. Rowe .....	LeRoy
B. E. Eagan .....	Waverly	H. T. Salisbury .....	Burlington
C. C. Kesner.....	LeRoy	G. R. Noris.....	"
W. H. Mathis.....	Waverly	M. L. Stockton.....	Gridley

**Dickinson County.**

E. E. Hazlett .....	Abilene	J. C. Klepinger.....	Herrington
J. N. Dieter .....	"	J. N. Ketchersid ....	Hope
Simeon Steelsmith ...	"	A. F. Montgomery....	Talmage
P. B. Witmer .....	"	S. W. Schenberger ...	Industry
Chas. B. Buck .....	"	Geo. E. White .....	Holland
I. R. Conklin .....	"	W. A. Klingberg ....	Elmo
Royal McShea .....	"	S. N. Chaffee .....	Talmage
John J. O'Brien ....	Chapman	F. W. Montgomery...	Navarre
C. H. Maust.....	Donegal	A. S. Gish .....	Abilene
J. D. Riddell .....	Enterprise	Schuyler Nichols.....	Herrington
E. F. Hover.....	"	W. M. Van Scoyoc ...	Manchester
Leslie Leverich.....	Solomon	G. Greenlee .....	Solomon
F. M. Gaines.....	"	E. F. Hoover.....	Enterprise

**Doniphan County.**

R. S. Dinsmore .....	Troy	W. M. Boone .....	Highland
W. W. Cooter .....	Wathena	Herbert H. Smith.....	"
A. Herring .....	Highland	J. H. Hobson.....	Whitecloud
Wm. B. Campbell.....	Troy	R. R. Clutz .....	Bendena
J. H. McGauhey .....	Whitecloud	F. E. Horner .....	Severance

**Douglas County.**

E. J. Blair.....	Lawrence	F. D. G. Harvey ....	Lawrence
H. L. Chambers .....	Lecompton	Jas. Naismith.....	"
J. P. Gergen .....	Big Springs	E. D. F. Phillips ....	"
H. T. Jones.....	Lawrence	B. H. Leslie .....	"
G. W. Jones.....	"	C. J. Simmons .....	"
G. A. Hamman .....	"	A. W. Clark .....	"
F. D. Morse .....	"	S. C. Emley .....	"
E. R. Keith .....	"	Carl Phillips .....	"
E. Smith .....	"	A. J. Anderson .....	"
A. Gifford.....		Lawrence	

**Elk County.**

W. H. Smithers.....	Moline	C. W. Maddox.....	Longston
W. C. Trowbridge.....	Howard	B. R. O'Connor.....	Grenola
J. L. Hays .....	"	M. G. Fox.....	Elk Falls
J. F. Costello .....	"	G. H. Grimmell.....	Howard

**Geary County.**

C. E. Steadman.....	Junction City	L. R. King.....	Junction City
D. J. Moyer .....	"	W. S. Yates .....	"
F. W. O'Donnell ....	"	F. E. McCord .....	Milford



**Greenwood County.**

L. S. Trusler .....	Fall River	F. H. Hale .....	Fall River
N. S. McDonald .....	Severy	S. L. Axford .....	Virgil
S. F. McDonald .....	"	David R. Campbell ..	Severy
D. F. Butcher .....	"	J. S. Black .....	Madison
D. R. Campbell .....	"	W. F. Hover .....	Climax
B. L. Hale .....	Neal	J. R. Pusey .....	Quincy
W. T. Grove .....	Eureka	W. H. Yandell .....	Piedmont
H. W. Manning .....	"	A. B. Lewis .....	Hamilton
E. J. Norman .....	"	J. M. Winegar .....	"
W. S. Moonlight .....	"	C. L. Katz .....	Madison
J. Dillon .....	"	T. H. Hale .....	Fall River
Jas. M. Moore .....	Madison	D. R. Campbell .....	Severy
W. F. Hoover .....		Climax	

**Harvey County.**

J. T. Axtell .....	Newton	R. C. McClymonds ...	Walton
Max Miller .....	"	L. T. Smith .....	Newton
G. D. Bennett .....	"	E. H. Johnson .....	Peabody
A. E. Smolt .....	"	E. J. Kanaval .....	Sedgwick
F. L. Abbey .....	"	G. A. McElree .....	Newton
O. W. Roff .....	"	S. S. Haury .....	"
J. H. Cooper .....	"	H. L. Wood .....	Whitewater
J. W. Graybill .....	"	A. E. Hertzler .....	Halstead

**Harper County.**

J. C. A. Bowers .....	Bluff City	A. D. Updegraff .....	"
B. F. Hawk .....	"	A. E. Walker .....	"
C. W. Windbigler .....	Harper	B. H. Jordan .....	Waldron
G. M. Woodin .....	Anthony	J. A. Hazle .....	Freeport
A. J. McAdams .....		Harper	

**Jewell County.**

A. B. Peters .....	Mankato	C. R. Spain .....	Jewell
Dorothy D. Allen .....	"	E. L. Reynolds .....	Mankato
L. A. Carter .....	Randall	J. E. Blades .....	Randall
O. W. Hughes .....	Jewell	J. W. Johnson .....	Formosa
H. M. Hittner .....	Esbon	J. E. Hawley .....	Burr Oak
Chas. Hershner .....		North Branch	

**Jackson County.**

V. V. Adamson .....	Holton	E. W. Reed .....	Holton
W. P. Brockett .....	Mayetta	Chas. W. Reynolds .....	"
H. F. Carver .....	Circleville	J. E. Love .....	Whiting
C. W. Culp .....	Hoyt	J. W. Murray .....	Hoyt
Flora J. Flick .....	Holton	R. Robson .....	Mayetta
E. T. Myers .....	Netawaka	J. W. Darlington .....	Denison
Geo. E. Locke .....	Holton	J. R. Mainz .....	Whiting
J. W. Pettijohn .....	Hoyt	F. W. Noble .....	Circleville
J. C. Shaw .....		Holton	

**Jefferson County.**

W. A. Atkins.....	Valley Falls	J. T. Fulton.....	Donovan
J. B. Armstead.....	Winchester	A. C. Zimmerman....	Perry
L. Atwood.....	Meriden	Chas. F. Martin.....	Winchester
W. L. Barst.....	McLouth	E. C. Rankin.....	McLouth
Milton Cain.....	"	W. D. Goff.....	Nortonville
G. W. England.....	Valley Falls	P. Burns.....	Perry
S. Johnson.....	Oskaloosa	J. L. Work.....	Meriden
A. D. Lowry.....	Ozawkie	Ira Puderbaugh.....	Ozawkie
J. R. Mains.....	McLouth	M. S. McCreight.....	Oskaloosa
A. G. Smith.....	Oskaloosa	W. S. Hunter.....	Valley Falls
Stephen E. Smith....	Grantville	C. C. Kerr.....	Perry
D. D. Wilson.....	Nortonville	L. V. Sams.....	Rock Creek

**Johnson County.**

C. R. Fear.....	Gardner	Robt. M. Moore.....	Olathe
T. S. Greer.....	Edgerton	F. B. Stout.....	"
F. F. Green.....	Olathe	Jessie Thomas.....	"
Wm. C. Harkey.....	Gardner	H. E. Williamson.....	"
H. E. Hastings.....	Olathe	Carl Thomas.....	Spring Hill
Thos. Hamel.....	"	C. W. Jones.....	Lenexa
Geo. Jewell.....	Edgerton	J. R. Sloan.....	Stanley

**Kingman County.**

E. W. Hinton.....	Kingman	H. E. Haskins.....	Kingman
H. L. Mills.....	Pensaloosa	E. S. Haas.....	"
J. W. Cheney.....	Kingman	M. H. Haskins.....	"
A. C. Johnson.....	New Murdock	S. W. Nossman.....	Cunningham
Ira D. Nelson.....	Spivey	J. S. Caldwell.....	Kingman
J. A. McLaughlin....	Norwich	C. W. Longenecker....	"
B. H. Jordan.....	Nashville	O. A. Duncan.....	Norwich

**Labette County.**

J. M. Kleiser.....	Parsons	R. L. Von Trebra....	Chetopa.
T. B. Allison.....	"	E. W. Boardman.....	Parsons
Geo. S. Liggett.....	Oswego	G. W. Maser.....	"
E. E. Liggett.....	"	J. C. Creel.....	"
L. B. Kackley.....	Parsons	Albert Smith.....	"
R. M. Bennett.....	Mound Valley	G. W. Gabriel.....	"
H. L. Markham.....	Parsons	J. W. Henderson.....	Labette
C. F. Brady.....	"	Jas. Heacock.....	Parsons
M. L. Perry.....	"	P. W. Barbe.....	Oswego
O. S. Hubbard.....	"	R. C. Henderson.....	Parsons
A. L. Skoog.....	"	J. T. Tinder.....	"
T. B. Anderson.....	Chetopa	C. N. Petty.....	Altamont
A. D. Smith.....		Parsons	

**Lincoln County.**

O. W. Shalksolm.....	Sylvan Grove	H. L. Hinchley.....	Barnard
Otto F. Dierker.....	"	G. W. Anderson.....	Beverly
Jas. Loughridge.....	Lincoln	H. M. Butler.....	Cedron
A. W. Townsden.....		Barnard	

**Lyon County.**

G. A. Biddle.....	Emporia	J. H. Page.....	Emporia
T. C. Biddle.....	"	J. M. Parrington....	"
J. C. Bickell.....	Americus	S. P. Reeser.....	Hartford
M. D. Brown.....	Lebo	T. E. Welsh.....	Emporia
T. G. Burris.....	Allen	D. L. Morgan.....	"
L. B. Bushough....	Admire	J. C. Hughes.....	Hartford
O. J. Corbett.....	Emporia	J. F. Hughes.....	"
H. E. Davis.....	"	C. F. Lusk.....	Lebo
F. A. Eckdall.....	"	H. W. Edgerton.....	Americus
F. A. Foncannon....	"	G. M. Gafford.....	Emporia
C. D. Hatcher.....	Admire	D. M. Gafford.....	"
Jacob Hendon.....	Strong City	J. H. Jaquith.....	Council Grove
D. F. Longenecker...	Emporia	C. L. Stocks.....	Bushong
J. F. Morrison.....	"	T. O. Brown.....	Reading

**Linn County.**

L. R. Ashley.....	Pleasanton	J. H. Stough.....	Parker
H. M. Barnes.....	Blue Mound	A. J. Turner.....	Centerville
S. H. Brooks.....	Mound City	Geo. Vail.....	Parker
A. L. Carlton.....	Lacygne	T. W. Warner.....	"
H. L. Clark.....	"	J. T. Kennedy.....	Blue Mound
D. E. Green.....	Pleasanton	C. P. Lee.....	Pleasanton
A. P. Giles.....	Blue Mound	J. G. Wortman.....	Mound City
R. J. Peare.....		Pleasanton	

**Leavenworth County.**

M. L. Crozier.....	Lanning	R. L. Igel.....	Leavenworth
C. R. Carpenter.....	Leavenworth	J. W. Risdon.....	"
C. C. Goddard.....	"	C. M. Moates.....	"
S. McKee.....	"	A. J. Smith.....	"
R. L. Roling.....	"	P. W. Darrah.....	"
H. J. Stacy.....	"	J. D. Miller.....	"
J. S. Wever.....	"	S. B. Langworthy....	"
E. S. Wood.....	"	C. J. McGee.....	"
C. E. Brown.....	"	J. L. Everhardy.....	"
C. K. Vaughn.....	"	W. R. Van Tuyl.....	"

**Mitchell County.**

F. M. Daily.....	Beloit	M. R. Spessard.....	Glen Elder
F. B. Horne.....	"	M. R. Barst.....	"
E. N. Daniels.....	"	N. J. Saunders.....	Cawker City
D. S. O'Brien.....	"	E. G. Mason.....	"
E. E. Brewer.....	"	H. L. Ratcliff.....	"
M. J. Lobdell.....	"	S. T. Blades.....	Scottville...
A. J. Seager.....	"	J. F. Allman.....	Simpson

**Montgomery County.**

P. H. Dalby.....	Havana	W. E. Youngs.....	Cherryvale
H. M. Casebeer.....	Independence	J. A. Pinkston.....	Independence

**Montgomery County—Continued.**

B. F. Masterman . . . . .	Independence	E. D. Tanquary . . . . .	Independence
Ira B. Chadwick . . . . .	Tyro	F. W. Shelton . . . . .	"
D. W. Howell . . . . .	Havana	Mary L. Martin . . . . .	Coffeyville
M. A. Finley . . . . .	Cherryvale	J. S. Scott . . . . .	Independence
O. W. Demott . . . . .	Independence	T. A. Stevens . . . . .	Caney
E. C. Wickersham . . . . .	"	J. N. Strawn . . . . .	Elk City
M. L. Kaser . . . . .	Cherryvale	G. W. Seacat . . . . .	Cherryvale
W. C. Chaney . . . . .	Independence	J. F. Gard . . . . .	"
J. H. Johnson . . . . .	Coffeyville	A. A. Krugg . . . . .	Coffeyville
C. C. Surber . . . . .	Independence	C. H. Fortner . . . . .	"
B. D. Edmonston . . . . .	"	G. J. Biglow . . . . .	Caney
W. C. Hall . . . . .	Coffeyville	J. A. Rader . . . . .	"
Mamie J. Tanquary . . . . .	Independence	J. L. Barker . . . . .	Jefferson
W. F. Blewett . . . . .	Caney		

**Marion County.**

L. A. Buck . . . . .	Peabody	N. M. Smith . . . . .	Marion
O. J. Furst . . . . .	"	R. C. Smith . . . . .	"
L. T. Morrill . . . . .	"	J. Werthner . . . . .	"
Jas. Welsh . . . . .	Tampa	G. P. Marner . . . . .	"
S. M. Palmer . . . . .	Florence	Grant Myers . . . . .	Lincolnville
L. S. Wager . . . . .	"	S. E. McIntosh . . . . .	Burns
J. W. Hannaford . . . . .	Marion	J. H. Saylor . . . . .	Ramona
H. W. Mayer . . . . .	Peabody		

**Marshall County.**

H. Vleets . . . . .	Olsen	J. L. Hausman . . . . .	Marysville
D. C. Dodd . . . . .	Summerfield	W. R. Breeding . . . . .	"
J. C. Law . . . . .	"	R. S. Tillman . . . . .	Blue Rapids
M. C. Brawley . . . . .	Frankfort	D. Humfreville . . . . .	Waterville
W. E. Ham . . . . .	Beattie	H. Humfreville . . . . .	"
M. S. Thacher . . . . .	Blue Rapids	G. I. Thacher . . . . .	"

**McPherson County.**

Geo. R. Dean . . . . .	McPherson	J. N. Alexander . . . . .	McPherson
J. C. Hall . . . . .	"	C. D. Weaver . . . . .	Galva
A. Engberg . . . . .	"	E. O. Smith . . . . .	Marquette
J. B. Alexander . . . . .	"	V. I. Vestling . . . . .	"
H. L. Salthouse . . . . .	"	Arvid Pihlblad . . . . .	Lindsborg
R. S. Haury . . . . .	Mound Ridge		

**Miami County.**

J. D. Van Nuys . . . . .	Osawatomie	J. H. Haldeman . . . . .	Paola
S. L. Brooking . . . . .	Paola	D. H. Johnson . . . . .	"
W. E. Craig . . . . .	Osawatomie	L. Van Pelt . . . . .	"
N. C. Spurs . . . . .	"	J. D. Walthall . . . . .	"
L. L. Uhls . . . . .	"	J. W. Kelly . . . . .	Louisburg

**Norton and Decatur Counties.**

H. O. Hardesty . . . . .	Jennings	C. C. Funk . . . . .	Jennings
C. S. Kenny . . . . .	Norcatour	A. C. Miner . . . . .	Oberlin
Chas. W. Cole . . . . .	Norton	L. C. Tilden . . . . .	"
J. J. Dallal . . . . .	Norcatour	Seldon Miner . . . . .	"
A. S. Hayworth . . . . .	Norton	S. L. Hubbard . . . . .	"



**Norton and Decatur Counties—Continued.**

W. Munroe Jones. ....	Norcatat	J. E. Hodgman. ....	Long Island
R. H. Smith. ....	Oberlin	C. G. Brethonour. ....	Norton
	W. C. Lathrop. ....		Norton

**Nemaha County.**

J. H. Brown. ....	Centralia	C. R. Townsend. ....	Centralia
D. H. Fitzgerald. ....	Kelly	W. F. Troutman. ....	Seneca
J. W. Graham. ....	Wetmore	J. M. Watkins. ....	Wetmore
N. Hays. ....	Seneca	A. J. Best. ....	Centralia
U. G. Iles. ....	Seneca	W. L. Carlyle. ....	Sabetha
Joseph Haig. ....	Wetmore	C. M. Fisher. ....	"
B. K. Kilbourn. ....	Oneida	W. A. Hayner. ....	"
J. C. Maxson. ....	Goff	I. H. Magill. ....	Corning
G. W. Shelton. ....	Oneida	S. Murdock. ....	Sabetha
H. Z. Snyder. ....	Seneca	Harry Reding. ....	"
Benj. Skinner. ....	Wetmore	Geo. Hall. ....	Baileyville
Preston Thompson. ....	Corning	R. E. Wright. ....	Bern

**Neosho County.**

W. K. Mathis. ....	Chanute	J. W. Barker. ....	"
Geo. H. Brown. ....	"	W. E. Barker. ....	"
L. D. Johnson. ....	"	A. M. Davis. ....	"
J. B. Edwards. ....	"	H. E. Rakestraw. ....	"
M. A. Durcan. ....	"	E. A. Davis. ....	"
R. A. Light. ....	"	J. Allen Palmer. ....	Erie
U. G. Hoshaw. ....	"	J. J. McNamara. ....	St. Paul
F. R. Hickey. ....	"	M. E. Lake. ....	Erie
O. M. Edwards. ....	"	G. W. Morgan. ....	Kimball
J. C. Larden. ....	"	C. L. Randall. ....	Morehead
P. F. Wellman. ....	"	W. C. McConnell. ....	"

R. C. Henderson. .... Chanute

**Osborne County.**

John Armstrong. ....	Portis	A. C. Dillon. ....	Osborne
T. B. Felix. ....	Osborne	E. E. Isenberg. ....	Natoma
E. O. Henshall. ....	"	J. H. Walker. ....	Alton
H. R. St. John. ....	"	M. F. Hudson. ....	Osborne
T. O. Felix. ....	Downs	A. A. Thompson. ....	"
B. F. Chillcott. ....	Osborne	C. L. Ebnoter. ....	Downs
C. G. Stevens. ....	"	G. W. Franklin. ....	"

R. B. Mays. .... Covert

**Ottawa County.**

C. B. Alpin. ....	Delphos	Jno. Miller. ....	Minneapolis
J. F. Brewer. ....	Minneapolis	C. D. Vermillion. ....	Tescott
A. L. Cludas. ....	"	B. H. Casthwaile. ....	Bennington
Geo. E. Eye. ....	Delphos	Jno. W. Simmons. ....	Culver
Wm. H. Lee. ....	Ada	F. E. Roberts. ....	Bennington
	Fred Harvey. ....		Minneapolis

**Osage County.**

J. M. Heller .....	Osage City	C. W. Main .....	Overbrook
L. E. Corwin .....	Melvorn	J. A. Connor .....	Burlingame
Jas. Ball .....	"	F. E. Schenck .....	"
W. A. Dale .....	Lyndon	D. B. Moore .....	Osage City
C. C. Seabrooke .....	Burlingame	D. N. Goldman .....	Burlingame
C. F. Marcotte .....	Osage City	E. B. Packer .....	Osage City
Chas. W. Beasley .....	Lyndon	A. F. Harrison .....	Scranton
E. F. Milligan .....		Burlingame	

**Pratt County.**

C. F. Bucklin .....	Sawyer	E. A. Gaston .....	Pratt
Isaac Dix .....	Pratt	Thos. McElwain .....	"
M. M. Lottridge .....	"	Athol Cochran .....	Iuka
Lydia J. Lottridge .....	"	I. M. Haynes .....	Preston
Jas. A. H. Webb .....	Preston	Linnie C. Haynes .....	"
R. C. Hutchinson .....	Coats	Jas. J. Douthart .....	Pratt
Frank Peak .....	Pratt	C. D. Rogers .....	Coats

**Pottawatomie County.**

W. M. Reigel .....	Wamego	J. W. Wilhoit .....	St. George
C. W. Randon .....	Havensville	A. Cutright .....	Louisville
E. L. Simonton .....	Wamego	P. T. Conlan .....	St. Marys
Benj. Brunner .....	Westmoreland	L. A. Summers .....	Wheaton
W. P. Wilson .....	"	J. W. Lauch .....	Olsburg
E. F. Richardson .....	Onago	C. H. Koentz .....	Onago
J. M. Jennings .....	Wamego	S. R. Toothaker .....	Wheaton
A. D. Smith .....	"	J. E. McManus .....	Havensville
O. R. Searl .....		Belvue	

**Phillips County.**

R. M. Finney .....	Kirwin	E. A. Nelson .....	Phillipsburg
D. D. Haggard .....	Phillipsburg	C. E. Nelson .....	"
G. A. Van Diest .....		Prairie View	

**Rooks County.**

Jas. Parker .....	Woodston	D. F. Stough .....	Stockton
E. E. Colby .....	"	Chas. E. Barber .....	Palco
N. L. Book .....	Stockton	F. K. Meade .....	Plainville
W. B. Callendar .....	"	G. R. Rice .....	"
D. L. Sackrider .....	Webster	Harry C. Brown .....	Webster

**Reno County.**

R. A. Stewart .....	Hutchinson	J. E. Foltz .....	Hutchinson
J. E. Stewart .....	"	G. R. Gage .....	"
D. B. Southard .....	Haven	W. H. Bauer .....	Sylvia
G. A. Blasdell .....	"	W. F. Schoor .....	Hutchinson
Helen G. Colby .....	Hutchinson	C. Kipple .....	"
F. A. Cachy .....	"	H. G. Welsh .....	"
S. M. Callady .....	"	Armella S. Cane .....	"
H. J. Devall .....	"	S. H. Sidlinger .....	"
Dana A. Esterly .....	"	H. S. Justice .....	"

**Reno County—Continued.**

Virgil Beavers .....	Hntchinson	Claud Mayfield .....	Hutchinson
J. W. Maquire .....	"	E. V. Adams .....	Plevna
C. A. Mann .....	"	C. S. Evans.....	Partridge
I. B. Julian .....	Arlington	T. O. Blair .....	Turon

**Riley County.**

C. F. Little.....	Manhattan	J. R. Case.....	Manhattan
J. D. Colt .....	"	Wm. Reitzel .....	Cleburn
L. G. Lyman .....	"	C. H. Roberts.....	Randolph
E. J. Moffitt.....	"	G. H. Litsinger .....	Riley
W. D. Silkman .....	"	A. G. Henderson....	Leonardville

**Rice County.**

P. P. Truehart.....	Sterling	Claud P. Young .....	"
H. R. Ross.....	"	J. H. Staatz .....	Bushton
W. E. Currie.....	"	E. A. Bodenhammer .	Frederick
C. E. Fisher .....	Lyons	F. E. Wallace.....	"
L. E. Vermillion .....	"	Marion Truehart .....	Sterling
J. S. McBride.....	"	J. M. Little .....	Alden
E. C. Fisher .....	"	C. J. Forney.....	Lyons
F. R. Smith .....	Little River	L. O. Forney .....	Saxman
J. H. Powers .....	"	G. E. Bush.....	Geneseo
F. W. Koons .....	Chase	A. H. Bressler .....	Raymond
H. F. McLaughlin....		Sterling	

**Rawlins and Cheyenne Counties.**

J. M. Melligin .....	Atwood	G. R. Pegg.....	Bird City
E. D. York.....	"	Mary R. Klint.....	Atwood
L. G. Graves.....		Atwood	

**Republic County.**

C. M. Arbuthnot .....	Belleville	W. G. Hanning .....	Belleville
J. S. Billingsly.....	"	C. E. Hoggman .....	Scandia
J. C. Decker.....	"	J. H. Houch.....	Argenda
Fred C. Hall .....	Cuba	J. D. Johnson .....	Republic
J. W. Ekblad.....	Scandia	Wm. Kamp .....	Belleville
D. E. Foristall.....	Republic	W. J. McFarland.....	"
T. C. Long .....	Mundon	J. C. Sherrod .....	Norway
J. F. Petr.....	Cuba	S. J. Snyder.....	Courtland

**Sedgwick County.**

C. E. McAdams.....	Wichita	J. F. Gsell .....	Wichita
J. M. Latta .....	"	J. G. Dorsey .....	"
C. F. Jones.....	"	E. E. Hamilton.....	"
I. J. Maggard.....	"	O. J. Taylor.....	"
J. C. Brown .....	"	J. W. Cave.....	"
D. W. Basham .....	"	H. S. Hikok.....	"
D. I. Maggard .....	"	J. W. Kirkwood .....	"
G. C. Purdue .....	"	C. E. Bowers .....	"
F. J. Walker .....	"	F. B. Lyons .....	"
E. M. Palmer.....	"	C. E. Scott .....	"

Levi Hornor.....Wichita

**Sedgwick County—Continued.**

G. K. Purvis .....	Wichita	H. L. Scoles.....	Mt. Hope
C. E. Casewell .....	"	Wm. Sterrett.....	Wichita
J. D. Clark.....	"	S. M. Anderson .....	"
A. H. Fabrique .....	"	D. G. Buley .....	Valley Center
J. E. Oldham.....	"	W. B. Greening.....	"
W. T. Longsdon .....	"	L. P. Warren.....	Clear Water
Martin Hagan .....	"	H. H. Miner.....	Cheney
Jacob Z. Hoffman....	"	C. M. Fullenwider....	Wichita
T. J. Hutchinson.....	"	Rob't Baker. ....	Mt. Hope
E. S. Hymer .....	"	S. A. Bass .....	Wichita
F. S. Williams .....		Wichita	

**Saline County.**

N. D. Toby .....	Salina	O. R. Brittain .....	Salina
W. H. Winterbotham..	"	E. R. Tuttle.....	"
W. S. Harvey .....	"	L. O. Nordstrom.....	Assaria
W. B. Dewees .....	"	A. J. May.....	New Cambria
J. R. Crawford .....	"	E. R. Cheney.....	Gypsum
J. W. Neptune.....	"	E. W. Hawthorne.....	"
Howard N. Moses ....	"	C. D. Armstrong ....	Salina
J. H. Winterbotham..	"	M. J. Brown.....	"
A. G. Anderson .....	"	W. E. Fowler.....	Brookville
F. G. Lagerstrom ....	"	E. J. Lutz .....	Salina
Geo. Seitz.....	"	J. E. Metcalf .....	"
O. D. Walker.....		Salina	

**Southwest Joint County.**

T. L. McCarty .....	Dodge City	T. S. Venard.....	Ness City
C. B. Leslie .....	Meade	A. B. Scott.....	Jetmore
Wm. J. Fee.....	"	C. A. Milton.....	Dodge City
W. V. Elting .....	Burdette	T. C. Bowie .....	Hodgeman
W. C. McCurdy .....	Larned	Mary L. Wakeman ..	Lakin
H. W. Garrett .....	Dodge City	J. C. Bredhoft .....	Ford
G. W. Hollenbeak....	Cimmaron	C. F. Hamon .....	Syracuse
Geo. Nicholson .....	Plains	Wm. Lee .....	Meade
M. C. Boggs .....	Syracuse	F. Bartley .....	Spearsville
C. E. McCarty .....	Dodge City	F. Pritchard.....	Bucklin
G. F. Johnson .....	Lakin	W. H. Graves .....	Dodge City
R. T. Nichols.....	Liberal	H. Whitworth .....	" "
Andrew Sabine.....	Garden City	Hubert Fannon.....	" "

**Sumner County.**

S. T. Shelly.....	Mulvane	J. J. Sippey .....	Belle Plaine
H. A. Vincent .....	Perth	W. E. Bartlett.....	"
D. H. Hoener. ....	"	H. B. Morton.....	Mayfield
Eugene Pile .....	Portland	F. G. Emerson.....	Wellington
Melvin Collins .....	Oxford	S. W. Spitler .....	"
R. A. McIlhenny....	Conway Springs	J. L. Halliday .....	"
F. M. Owens .....	Argonia	J. A. Roe .....	"
T. J. Hollingsworth ..	South Haven	H. L. Cobean.....	"



**Sumner County—Continued.**

L. F. Harmon .....	Wellington	H. E. Hoke.....	South Haven
T. H. Jamison .....	"	W. H. Neel .....	Anson
W. M. Martin .....	"	W. H. Neel Sr. ....	"
J. M. Hunt .....	"	E. N. Williams .....	South Haven
G. R. Waite.....	Milan	J. F. Robertson.....	Caldwell
I. T. Gabhart .....	Caldwell	E. G. Ferris .....	Conway Springs
D. E. Kisecker.....	Caldwell	E. A. Evans.....	" "
F. B. May .....	Hunnewell	Jos. A. Robb .....	Ashton
T. F. Holt .....	Geuda Springs	R. H. Shippey.....	Peck

**Smith County.**

M. F. Leary .....	Gaylord	S. B. Dykes .....	Esbon
B. W. Slagle .....	Smith Center	W. C. Bower .....	Lebanon
D. W. Relihan .....	" "	H. Morrison .....	Womer
J. A. McCammon .....	Reamsville	F. M. Bilby.....	Kensington
L. A. Goldin .....	Kensington	Milo Robertson .....	Cedarville
J. B. Dykes .....	Lebanon	J. W. Yankey .....	Esbon
H. A. Dykes .....	"	Jno. Hislop .....	Lebanon
		W. H. Bostwick .....	Cedarville

**Stafford County.**

J. N. Rose.....	Stafford	Jno. McDonald.....	St. Johns
J. <sup>3</sup> P. H. Dykes .....	"	M. M. Hart .....	Macksville
G. W. Scott .....	"	Chas. S. Adams.....	St. Johns
Geo. W. Akers.....	"	F. H. Cavanaugh ....	Hudson
Cyrus Wesley.....	"	F. S. O'Flyng .....	Seward
		F. W. Tretbar .....	Hudson

**Shawnee County.**

H. L. Alkire.....	715 Ks. Ave	C. E. Judd .....	618 Ks. Ave
Harriett E. Adams .....	621 " "	J. M. Jamison.....	327 " "
A. S. Andrews .....	727 " "	W. E. Jackson .....	404 " "
J. A. Berry .....	725 " "	J. P. Kaster.....	Santa Fe Hosp.
E. M. Brockett.....	605 " "	J. P. Lewis.....	517 Ks. Ave.
Ida C. Barnes .....	726 " "	D. K. Longshore.....	Topeka
R. E. Buckmaster....	Topeka	W. S. Lindsay .....	829 " "
W. J. Cotrell.....	—	L. H. Munn .....	513 " "
Mary V. Church .....	622 W. 8th. St.	J. C. McClintock .....	1313 Filmore
A. W. Carson .....	Richland	W. E. McVey.....	625 " "
O. P. Davis.....	N. Topeka	R. E. McVey .....	625 Ks. Ave.
D. E. Esterly.....	735 Ks. Ave.	C. A. McGuire .....	622 " "
B. D. Eastman.....	605 " "	R. S. Magee .....	634 " "
F. J. Ernest .....	807 " "	J. E. Minney.....	" "
J. D. Freeman.....	St. Francis Hp	G. J. Mulvane .....	613 " "
W. R. Frisbey .....	Silver Lake	H. C. Miner .....	N. Topeka
L. Y. Grubbs.....	603 Ks. Ave. Topeka	M. R. Mitchell.....	"
Sara Greenfield .....	210 W. 6th. St.	J. F. McNaughton .....	Gove
H. B. Hogeboom.....	513 Ks. Ave.	W. C. McDouough .....	603 Ks. Ave.
G. W. Hogeboom.....	801 W. 6th. St.	T. W. Peers .....	807 " "
H. H. Hazlett .....	613 Ks. Ave.	L. M. Powell.....	700 " "
S. A. Johnson .....	330 " "	R. S. Plummer .....	N. Topeka

**Shawnee County—Continued.**

F. H. Schalle . . . . .	517 Ks. Ave.	W. W. Yates . . . . .	Topeka
S. G. Stewart . . . . .	621 " "	Robert Stewart . . . . .	"
W. D. Storrs . . . . .	616 " "	C. W. Schwartz . . . . .	"
O. A. Taylor . . . . .	226 " "	J. R. Fay . . . . .	"
N. J. Taylor . . . . .	Berryton	C. W. Stahl . . . . .	Auburn
W. A. Wehe . . . . .	707 Ks. Ave.	S. A. Hammel . . . . .	Topeka
W. L. Warriner . . . . .	634 " "	J. H. Outland . . . . .	"
Agnes Wallace . . . . .	—	J. B. Towers . . . . .	"
H. A. Warner . . . . .	Security Bldg.	Josephine Skom . . . . .	"
C. B. Van Horn . . . . .	333 Jackson	W. F. Bowen . . . . .	"
Geo. M. Minney . . . . .	634 Ks. Ave.	W. L. Schenck . . . . .	"
Thos. R. Hyatt . . . . .	Topeka	W. H. Righter . . . . .	"
C. M. Boughton . . . . .	"	J. C. Bennett . . . . .	"
K. O. Brown . . . . .	Salem, Mass.	E. V. Coldren . . . . .	"
	S. F. Millard . . . . .		Topeka

**Washington County.**

E. Armstrong . . . . .	Greenleaf	R. A. Williams . . . . .	Washington
R. Algie . . . . .	Linn	J. C. Rudolph . . . . .	Hanover
J. H. Hoover . . . . .	Haddam	W. S. Runkle . . . . .	Washington
H. D. Smith . . . . .	Washington	F. W. Melchers . . . . .	Hanover
M. H. Horn . . . . .	Morrowville	J. R. Matthews . . . . .	Hollenberg
Wm. Jacobs . . . . .	Washington	G. E. Tooley . . . . .	Washington
J. R. Shumway . . . . .	Greenleaf	Chas. Williamson . . . . .	"
J. O. Chambers . . . . .	Hanover	R. W. Maintz . . . . .	Linn
W. M. Earnest . . . . .	Washington	H. M. Ochiltree . . . . .	Haddam
Z. H. Snyder . . . . .	Palmer	E. W. Shearburn . . . . .	"
M. N. Gardner . . . . .	Greenleaf	C. R. Nelson . . . . .	Washington
	D. C. Tyler . . . . .		Clifton

**Wilson County.**

B. R. Riley . . . . .	Coyville	L. L. Jones . . . . .	Altoona
T. B. Woodard . . . . .	Neodesha	J. C. Preston . . . . .	Buffalo
E. N. Martin . . . . .	Benedict	J. N. Strawn . . . . .	Elk City
E. C. Duncan . . . . .	Fredonia	F. F. Dodd . . . . .	Altoona
A. L. Hurst . . . . .	Kansas City, Mo.	F. K. Day . . . . .	Neodesha
F. M. Wiley . . . . .	Fredonia	T. Blackeslee . . . . .	"
I. R. Willets . . . . .	"	M. Reiter . . . . .	Benedict
A. P. Williams . . . . .	Neodesha	J. F. Jones . . . . .	Neodesha
R. B. Wetmose . . . . .	Coyville	J. W. McGuire . . . . .	"
C. L. Williams . . . . .	Neodesha	F. T. Allen . . . . .	"
O. D. Sharp . . . . .	"	J. Morehead . . . . .	"
	J. H. Allen . . . . .		Neodesha

**Wabaunsee County.**

C. R. Silverthorn . . . . .	McFarland	G. W. B. Beverly . . . . .	Alma
Geo. M. Jeffers . . . . .	Esckridge	A. A. Myer . . . . .	"
Chas. H. Milke . . . . .	Alma	O. E. Webb . . . . .	Paxico
C. E. Smith . . . . .	"	Geo. A. King . . . . .	"
C. E. Menard . . . . .	Maple Hill	W. H. H. Smith . . . . .	Altavista

**Western Kansas.**

V. C. Eddy.....	Colby	D. R. Storer.....	Quinter
F. A. Carmichael.....	Goodland	H. C. Straup.....	Winona
C. M. Miller .....	Oakley	Wm. M. Beaver.....	Colby
C. S. Morsh .....	Menlo	D. M. Forbes .....	Seldon
A. C. Gulick.....	Goodland	E. J. Beckner .....	"
F. H. Smith .....	"	C. D. Blake.....	Ellis
W. J. Lewis .....	Gem	C. H. Gillman.....	Oakley

**Wyandotte County.**

E. L. Harrison.....	Kansas City	Hugh Wilkinson.....	Kansas City
G. M. Gray.....	" "	Preston Sterrett .....	" "
R. A. Roberts .....	" "	J. H. McGreggor .....	" "
P. D. Hughes.....	" "	Thos. Richmond .....	" "
C. M. Stemen.....	" "	H. E. Smith.....	" "
R. C. Lowman.....	" "	W. D. Fairbank .....	" "
S. S. Glascock.....	" "	J. O. Miller.....	" "
F. M. Tracy .....	" "	J. A. Fulton.....	" "
A. C. Pavlish.....	" "	D. E. Williams .....	" "
Martha M. Bacon .....	" "	J. A. Davis.....	" "
W. F. Waite .....	" "	C. G. Pinchard .....	" "
J. G. Poole.....	" "	A. M. Little .....	" "
W. R. Palmer.....	" "	L. F. Barney .....	" "
B. F. Sharp .....	" "	Fred Chandler .....	Bonner Springs
J. F. Hassig .....	" "	Jessie Newkirk .....	Kansas City
J. E. Sawtell.....	" "	F. P. Campbell.....	" "
T. C. Benson .....	" "	F. P. Clark.....	" "
A. K. Masterson .....	" "	B. F. Coffin.....	" "
B. M. Barnett .....	" "	G. W. Richards.....	" "
Jno. Troutman .....	" "	J. W. Faust .....	" "
A. J. Lind .....	" "	Z. Nason .....	" "
O. M. Longenecker....	Rosedale	J. J. McCalman .....	Piper
C. A. Foulks .....	Kansas City	Ottaker Hoffman .....	Argentine
Jas. W. May.....	" "	G. H. Hoxie.....	Kansas City
T. E. Hays.....	" "	C. L. Zugg .....	Argentine
C. J. Lidikay .....	" "	L. D. Mabie .....	Kansas City
E. J. Lutz .....	" "	A. T. Swan.....	" "
S. H. Thompson .....	" "	E. R. Tenney.....	" "

**No County Organization.**

J. A. Fuller .....	Lane (Franklin)	W. S. Grissell.....	Ransom (Ness)
Cora A. Moon .....	Ottawa (Franklin)	J. M. Hissem .....	Ells'wth (Ellswth)
G. K. Jones .....	Will'berg(Franklin)	H. Fannon .....	Bucklin (Ford)
W. V. Elting .....	Burdett (Pawnee)	F. S. Atwell .....	Sharon, (Barber)
F. F. Damour.....	Bolchow (Mo.)	J. A. Burnett.....	Kiowa, (Barber)
Mort. S. Reynolds....		Yates Center	

**FROM THE SOCIETIES.**

**Clay County.**—The society met November 14, with the following program:

Anatomy and physiology of the Kidney—D. O. Jackson, Broughton.

Pathology of the Kidney—Frank Johnson Hall, Associate professor of clinical pathology in the University of Kansas.

“Pathology,”—R. S. Magee, Professor of Ophthalmology in the Kansas Medical College.

About 25 physicians were present with their wives. The lectures were illustrated by a great variety of specimens. Some “tasty” refreshments were served after the strenuous mental exercise—G. A. TULL, Secretary.

**The Golden Belt.**—The autumn session of the Golden Belt Medical Society met in the assembly room of the Public Library building.

President E. L. Simonton called the meeting to order at 4 o'clock p. m. After the reading of the minutes and regular routine of business the following program was presented:

Clinical cases: Anterior Polio myelitis in a child of eight years was presented by Dr. F. M. Gaines. Solomon. Dr. J. W. Simmons of Culver, exhibited a case of Eczema marginalis of the lower eyelid and cheek.

Dr. Howard N. Moses, Salina, had a case of Hydrocephalus in a child of eight years, with partial paralysis of the lower extremities. Circumference of head 32 $\frac{3}{4}$  inches.

Dr. S. K. Schenck, Solomon, opened the program by a discourse on “Opium Poisoning,” in which he advocated the hypodermic administration of potassium permanganate as an antidote in opium poisoning the dose being four to five grains for each grain of morphine. The doctor believes atropine to have no antidotal virtue, it being only a pupillary index. The paper was discussed by Drs. Harvey, Simmons, Colt, Dean and Fowler.

Dr. G. M. Anderson, Beverly, recited the treatment of a case of “Puerperal Eclampsia.” He places the drugs in order of their importance in this class of cases as follows: Veratrum viride, chloroform, chloral and morphine. Discussion was opened by Dr. Yates, followed by Drs. Simmons, Dean, Tobey, McCord, Simonton, Harvey, Winterbotham.

Dr. E. H. Thrailkill, Kansas City, Mo., presented his paper on ‘Perianal and Perirectal Abscesses.’ Discussion by Drs. Winterbotham, Walker and Dean.

Dr. J. D. Colt, Manhattan, presented a paper entitled ‘The Diagnostic Value of the Eye During Disease,’ which was very interesting and



received active discussion by Drs. Walker, Alkire, Punton and Simmons.

Dr. W. A. Klingberg's paper, "Should the Physician Dispense or Prescribe Drugs," brought out many ideas and was freely discussed by Drs. Crawford, Cludas, Tobey, Crumbine, Dewees, Dean, Harvey and Lindsey.

Dr. John Punton, Kansas City, Mo., entertained the society in a royal manner with his paper "The Clinical Aspect of the Borderland of Insanity." The doctor's paper was rich in thought and would have received more discussion had it not been for the lateness of the hour. Dr. Lindsay made extended remarks before the close of the session.

On adjournment of the afternoon session, the visiting members were entertained by the Salina proffsion by an automobile ride about the city, visiting the places of interest and the wholesale houses, after which they dined at the National Hotel.

Members present:—Pres. Simonton, Drs. Crawford, Shenck, Dean, Yates, Colt, Hoxie, Lagerstrom, Punton, Anderson, G. M., Fowler, Vermillion Lindsay, Winterbotham, W. H. and J. H. Anderson, A. G., Seitz, Alkire, McCord, Brittain, Nordstrom, Harvey, Dewees, Metcalf, Simmon, Walker, Thrailkill, Gaines, Lutz, Jenny, White, Cludas, C umbine, Klingberg, Cheney, Moses and the visiting physicians, Wheeler, Graf, Kiene, Sudle and Owen.

The papers of Drs. Thrailkill, Colt, Klingberg, and Punton will appear in the Journal.

HOWARD N. MOSES,

*Secretary.*

**Shawnee County Medical Society** has not been represented in the Journal for some time for various reasons. But we are certainly still alive and for the first time every member is all paid up, and in good standing, with the exception of a few who degrade themselves and lower the standard of the profession by advertising in such a way as reported in your Journal of recent date. As soon as all the evidence is ready, they will find their so-called prominence won't stop justice being administered.

The society held its regular monthly meeting last night at the National Hotel with a good attendance.

Dr. R.S. Magee reported two (2) very interesting cases of fibrosacoma of eye and extensive blood clot of the coronary arteries and aorta. Dr. W. D. Storrs reported a case of tetanus which recurred under the serum treatment.

One new member was received, Dr. John A. Crabb, 735 Kansas avenue.

The society voted to hold their regular annual banquet and electio of officers, Monday December 3, 1906.

CORBAN E. JUDD,

*Secretary.*

### NEWS AND NOTES.

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**Dr. Joseph Clements**, a graduate of the Kansas City Medical College, who has been spending some years in post graduate study has located at 1537 South Main street, Wichita, Kansas.

**Dr. La Fevre.** Whereas, information has come to us through the daily press, of the death of Dr. E. B. La Fevre of this city, and

Whereas, Dr. La Fevre has lived among us and has been a highly respected member of our profession, though not a member of this society, we feel it our duty to pay this simple tribute to his memory, therefore be it,

Resolved, that in the death of Dr. La Fevre the profession has lost a worthy and meritorious member—a student of his adopted profession and a fearless defender of modern medicine, and be it further

Resolved, that we, as a society will miss his presence, his interest and co-operation in our work and that his death will be individually felt by the members of the profession who knew him, and be it further,

Resolved, that we extend to the bereaved mother the assurance of our deepest sympathy in her greatest affliction

E. E. HAZLETT.

P. B. WITMER.

CHAS. B. BUCK.

*Committee*

Dickinson Co. Medical Society.

**The Illinois State Board of Health** issues a very valuable circular on Practical Disinfection. It advises the use of formaldehyde and potassium permanganate for aerial disinfection and gives good reasons why this combination is best. Books, clothing, bedding and wool surfaces which have been contaminated are specially treated.

**Wanted**—A physician to do work in mining camp at \$100 a month. F. M. LANE, M. D., Cody, Wyo.

**Its Twenty-fifth Anniversary**—The Jackson County (Missouri) Medical Society celebrated its twenty-fifth anniversary on the evening of October 18, by a banquet at the Coates house in Kansas City, at which it had all the surviving charter members. In the addresses of that occasion great stress was laid on the changes in medical practice between 1881 and now; but, your editor was especially interested in noticing the frequency of reference to the fact that we medical men have too little political influence. As the speakers said, the veterinarians or al-

most any other class of professional men, or even the Second Ward Democratic club, have more influence than we have, because they are united. It is to be hoped that we shall soon learn our lesson.

**Parke, Davis & Co.**, will consolidate their three journals on January the first. These are, **Medicine**, the **Therapeutic Gazette**, and the **Medical Age**.

**In Memory of the late Dr. J. E. Stewart.**—At a meeting of the physicians and surgeons of the city of Hutchinson, Kansas a committee was appointed to draft resolutions in memory of the late Dr. J. E. Stewart. The following is the report of said committee:

On Sunday, October 14, 1906, about 5 p. m., the news flew over town by telephone and word of mouth, that Dr. Jim Stewart had just passed from our midst to explore the great unknown, where we must all go in time. The most of his brethren of the medical profession were as intensely surprised as the general public. We knew he was very sick, but were not looking forward to such a result in so short a time.

Our memories of this man can not but be of the kindest character. We, who for many years have been associated with Dr. Jim in the cares and trials of professional life, must miss him. We can not help but recall his plain happy character, his happy ways and how ready and willing he always was to do his part in medical and surgical life. He and his brother made it possible for the profession of this city to enter the hospital facilities of a larger city. We know that he was one of the best all around members of the profession; also that he was a careful and successful operator. We do not need to tell the general public of this, for his successful work has fully demonstrated it. When one of us called Dr. Jim to our aid, we knew that his advice would be worth having.

In speaking of Dr. J. E. Stewart as Dr. Jim, we do it because it best recalls the plainness and geniality of his character. Any one could approach him. No stiffness, no formal manner to condescension, though the work he had accomplished would justify him in considering himself as one of the front rank of his profession.

We need say no more. We, his professional brethren, know that he was really and fully all we represent. We indeed do miss him from our midst, and can not help but express our sympathy to his family and the community. The one has lost a good and worthy husband, father, brother, and son, the other a worthy citizen and capable man wherever his duties called him.

Resolved: That the above memorial is in accord with our feelings and that a copy be furnished the family of the deceased brother;

also that a copy be furnished the press of our city and the Kansas State Medical Journal.

Signed:

C. A. MANN.  
H. H. HEYLMUN.  
S. M. COLLADAY.  
C. KLIPPEL.

*Committee.*

**Medicine as a Science** finds its basis in anatomy and physiology, But these two studies depend in turn on chemistry, physics, botany and biology. And again this latter group cannot be rightly comprehended without a preliminary acquaintance with the humanities. This shows the intimacy of the relation between the school of arts and medicine. But medicine must take cognizance of the fact that the psychical influences the well being of the somatic and material. Therefore the student of medicine must know something of philosophy and psychology. This again forms a connecting link with the course of arts and sciences. In view of these facts, scientific medicine belongs to the university, and should have a co-ordinate faculty.

**Medicine as an Art** has to do with the sickbed and the hospital. Without a hospital—and one where the student is free to observe and to work—adequate training in the art of medicine is impossible. There must be teachers enough, so that each student comes into personal touch with the patient. This means much more than one at the first hearing realizes. It means not only must the student witness operations from the floor (and not from the gallery), but he must learn to know the personality of each patient studied—so that each patient is not merely an experiment animal, but is a person of like passions with the student. The hospital then should be a therapeutic laboratory—not an annex to a pathological laboratory.

**The Mission of Medicine** is that which the clergy seems to have failed to fulfill. The spirit of Christ was one of healing. The chief work of His followers—notably of the pastors, priests and ministers—should be that of healing—of healing body, mind, and soul. That the world needs such a ministry, even after 20 centuries of endeavor, is painfully and horribly apparent. It remains now to be seen whether the medical profession is ready to enter upon its mission, and whether it will make an egregious failure or not. Herewith the question comes back to the individual; “Am I doing my fullest work? Am I healing the sick in the fullest sense?”

**Dr. H. P. Mahan** of Mineral has been appointed second assistant to Dr. Perry at Parsons.



**Dr. George A. Moleen** becomes editor of Colorado Medicine, vice Dr. Blaine whose health has failed under the added burden of editorial responsibility.

**The St. Louis Courier of Medicine** supports the Journal of the A. M. A., in the latter's fight against the Medical Record et al. The really worth while independent journals will be strengthened, not weakened, by the organization movement.

**Dr. H. E. Williamson** of Olathe was struck by a street car in Kansas City on November 3, and his legs crushed so badly, that amputation was necessary.

**What is a Good Mineral Water?** A correspondent has found an interesting spring near Pittsburg, and is interested in learning if it has therapeutic value. We quote from the letter:

"A case in connection with the use of this water has recurred to my mind since I wrote you, and it rather seems to strengthen the chain of evidence in favor of its proving a boon to others.

"The water from this spring is pure and clear, issuing from the base of a mountain, and is remarkably soft, and almost as cold as ice in the hottest weather. Never has been known to run dry, although in very hot and dry seasons others have dried up. The run below this spring shows deposits on rocks of a mineral character, and little stagnant pools are covered with a peculiar scum of supposedly mineral deposition. Tin cups are quickly rusted out, and a reddish-brown stain is left in earthenware vessels used at spring. I have frequently seen heavy deposits of rusty looking sediment deposited at the bottom of a water pitcher. No such deposit takes place in a tightly closed receptacle. For various household uses it is fine,—for laundry and cooking cannot be surpassed, being as soft as the softest rain water.

"As to its general effects,—it is a marked tonic and tissue builder. It is inclined to be slightly constipating.

"Two instances will explain my reasons for thinking that possibly this water may possess peculiar therapeutic properties. There may prove something,—or nothing.

"About eight years ago a case which had suffered for a long time with stomach, intestinal and liver troubles, followed up by numerous severe attacks of "colic" which came on very suddenly, and only disappeared when relieved by morphine, life being made a torture from fear of these recurrences—after using this water for about two months gradually improving, one day passed from the bowel at least two quarts of greenish-black, tarry liquid—almost pure bile—the sediment from which was like coarse sand. These tarry, sandy passages continued

for several days, then gradually disappeared, when stools became normal in consistency although for weeks were streaked with the black, sandy deposit. Slight attacks of colic followed at longer and longer intervals, each attack being followed by evacuations of that liquid, tarry and sandy material. It has now been perhaps four of five years since last attack. This was a very peculiar and interesting case to me, and strange to say, I never once thought to give the water used any credit in the recovery, nor did anything come up which would indicate to my mind the possibility of such a thing., until last spring I had occasion to visit this spring on a little outing trip.

“The water here in the locality where I reside contains a very high percentage of lime,—vessels used for boiling water acquiring in a short time a heavy coating of lime. A little granite kettle which had been discarded on account of its thick lining of lime, was for some reason brought into service to heat some water from this spring. It was used several times, when one day, to my surprise, it was discovered that the whole lining had crumbled, and could be easily scraped off with a knife; not in thick, hard flakes, but crumbled up into small particles, easily crushed between the fingers, like broken-up lime from a plastered wall. This set me to thinking. If this water could have such an action **outside** the body, what might it do inside? Might not this solvent power be utilized to advantage in treating limy deposits inside the body—gallstones, cystic calculi, etc? It seemed very plausible and reasonable,—nothing but a theory, however, and the action inside the body might be as different as possible from that exhibited outside. Even now, the case first cited above did not recur to me,—when it did, it was like a flash of light. I was confident that my case was proven.

“However, the cases given really prove nothing, but are merely coincidences. Nevertheless, they have set me to thinking, and I wish this might set some others a-thinkin’. I live right near to Missouri, and would like to be shown whether or not any good soft, pure water would have had the same effect in both cases, or may this spring water possess some peculiar solvent power which might be utilized in the human body to dissolve and carry off the various concretions to which it is subject? In fact, may not this spring be something more than an ordinary spring of pure water?

“Another thing about the water or air in that region—it is proverbial that no one ever ‘catches cold’ there, although adjoining neighborhoods are not exempt. The worst cold may be broken up in a few days by simply drinking freely of this water.”

**Dr. Lloyd A. Clary** has located in Argonia.

**Dr. R. C. Smith** of Marion, Ks., is in New York taking a post graduate course.

**Dr. H. M. Mayer** of Peabody, Kans., has just returned from Chicago, where he has been taking a post graduate course.

**Dr. J. L. Halliday**, the delegate of the Sumner county Society, was married September 22, to Miss Lucy Graff.

**Dr. H. G. Shelley** has located in Mulvane in partnership with his father, Dr. S. T. Shelley.

**Dr. C. F. Kyser** has located in Conway Springs.

**Dr. Robert Downing** has located in Corbin.

**Dr. J. A. Clinger** has removed from Corbin to Englewood.

**Society Dues** should be paid at the December meeting. Members will please send out their bills and collect enough to pay their society dues (\$5.00) before that meeting.

**A Physician** is wanted at Sharon, Kansas. Write the Warren Drug Co.

**"Our Insurance Campaign** (says the Texas State Journal) has certainly begun with fervor and we trust with effectiveness. Marked copies of the "Arraignment of Insurance Companies" in our September number have been sent by our Insurance Committee to all insurance companies operating in Texas, accompanied by a straightforward request for proper business consideration for the medical profession of Texas in the matter of fees. At present the list of companies paying a \$5 flat fee is as follows:

The Aetna Life, Hartford, Conn.  
Citizen's Life, Denver, Colo.  
Citizen's Life, Louisville, Ky.  
Capital Life, Denver, Colo.  
Fort Worth Life, Fort Worth, Texas.  
Manhattan Life, New York City.  
Massachusetts Mutual Life, Springfield, Mass.  
Mutual Benefit Life, Newark, N. J.  
National Life, Montpelier, Vt.  
Northwestern Mutual, Milwaukee, Wis.  
Pacific Mutual Life, San Francisco, Cal.  
Penn Mutual Life, Philadelphia, Pa.  
Reliance Life, Pittsburg, Pa.

These companies should be favored in every way possible by the State medical profession. We hope in the near future to be enabled to largely add to this list. When an absolutely incorrigible roster of

low-fee companies is obtained the committee has a carefully planned campaign against them.

The hearty co-operation of the State profession is necessary to the success of this movement. We believe united assistance will be given the committee. Low-fee companies are now often unexpectedly compelled to seek new examiners and attempt to force upon them low fees. The following letter from one of our members shows an excellent plan of procedure:

MY DEAR DOCTOR: On March 13th one A. C. P—— came to my office saying that the agent of your company had directed him to come for an examination for life insurance, and stated that his application was for \$10,000, as I remember, and that the agent requested him to say that I was to make a careful microscopical examination of the urine. He had with him your application blank, whereupon I made a careful examination.

So far as I know, I have never been appointed an examiner for the Missouri State Life Insurance company and certainly have entered into no contract with you for similar work. I received from your company \$5.00, whereupon I stated to them that my price was \$5.00 for the examination and \$5.00 for the microscopical examination and requested another \$5.00, whereupon Mr. C. A. Goodale, your secretary, wrote in May that 'We have never under any circumstances paid \$5.00 for an examination and \$5.00 for microscopical analysis; in fact, have never paid a fee under any contingency of over \$5.00 for an examination and microscopical examination.'

I have since sent a bill, I believe, more than once to the company, and so far as I know it has received no attention except that those in my office say that an agent of the Missouri State Life once telephoned, but for what purpose I do not know.

I beg to inclose you herewith bill, the last one that I shall ever send. As a medical man, and understanding the cost of living and prices received in Texas, you will appreciate the necessity of our exacting for insurance examinations a living compensation. There is certainly no reason why I should do this work for a corporation cheaper than I would do it for my regular patrons.

I request that you lay this matter before the company and see that a check is mailed to me before the 1st of November, which I believe will be ample time for you to consider the matter. If I do not receive this money by that date, I shall feel compelled to place it in the hands of the Committee on Insurance of the State Medical Association of Texas for adjustment by our State attorney or my own legal representatives."

If similar letters are written and cases referred to the State committee for adjustment, a powerful leverage would be given the committee to bring such companies to a just fee schedule.

#### **An Incident Which Led to Abandoning Reduced Examiners Fees—**

"Speaking of cheap insurance examinations reminds me," said an examiner recently. "About ten years ago, one of the three large insurance companies announced a reduction of fees for Texas. I was at that time medical director for this company in my territory; they held me responsible for the appointment and character of their medical examiners. The reduction immediately disrupted my machinery; I was constantly revising my list, hunting for cheap examiners, and frequently could



obtain none. Letters of disapproval at last became so numerous, and the situation so critical that I took a bunch of letters and started for New York. On calling at the home office, I was invited to dine at The Lawyers' Club with the medical director and several other directors and officials. During the dinner I related the following incident:

"A few years ago I examined Mr. R. for a policy of \$10,000 in a company, call it A, which paid \$5 for the examination. The applicant was a chronic alcoholic, jaundiced, with cirrhosis of the liver. I so stated in my examination and advised unconditional rejection. Twelve days later, he was examined by Dr. S. for company B, which paid a reduced fee. The examination was perfect, rated first-class, and in the course of events a policy was issued.

"The applicant was buried a few months later, and shortly thereafter there appeared in my office a representative of company B, who spread copies of the two examinations before me.

"Look at these," said he, 'there's something rotten. We have sufficient evidence of fraud to contest the payment.'

"They seem all right,' I commented as I ran over the examinations.

"All right, eh!' he exclaimed, 'What kind of a fellow is this Dr. S.?'

"Good fellow,' I affirmed.

"Good for nothing,' retorted he. 'It's a damnable fraud or inexcusable blunder; how do you explain it?'

"Easy enough,' said I. 'He did exactly right. You see, when I made the examination, I started at the head and went down; examined his special senses, chest, heart, lungs, abdomen, clear on down to his toes, and made a careful report. Dr. S. did the same began at the head examined his special senses, his chest, his heart his lungs, and when he got to the diaphragm the money gave out—he couldn't afford to go any further. The trouble, unfortunately, was lower down, and you got your deserts. Better not be sued. It would be better to pay your policy and take your medicine; the facts will beat you. Good day.'

'The directors gasped and roared,

'Money gave out! ha, ha, ha!'

"Got to the diaphragm and the money gave out—ha, ha, ha!' echoed around the table.

"As we parted at the elevator, they were still measuring on their vests, and saying:

"By George that's rich, got so far and the money gave out!'

"Gad, the money gave out!'

"At the very next meeting of the directors the former fees were restored, and the subject, during the official life of those directors, was never again agitated."

### A Wonderful Mineral Water—

Medical note from the Eldorado Republican: "An all run down at the heel and raveled out old codger, whose liver and gizzard had collapsed, chased the springs for relief. He went to Excelsior, Gueda, Eureka, Hot and Manitou, but found little relief and came home to die. But he had the water habit, and no sooner had he arrived home than he took to drinking five or six glasses of Walnut Creek water before breakfast, and today he is the most able bodied sovereign squat on the townsite."

**Detention Hospital for the Insane.**—From a personal letter to the editor, we quote:—"Let me congratulate you on your editorial pages in the last **Journal**. The Lord only knows what the poor diseased-minded have to put up with through the ignorance of our M. D.'s on the subject. You must have a department for the treatment of the insane and "nearly insane" in connection with the School of Medicine of the State University. Keep it up, and we will all help you." By the way, some of our experts say that the plan is feasible.

**Dr. Hunt** whose article on post-graduate study in Europe recently appeared in our columns has removed from Atchison to Kansas City. He has opened an office in the Argyle Building, corner of 12th and McGee streets, and will give his attention to pediatrics exclusively. While several other men give a great deal of attention to this subject he is the only man who confines his work to pediatrics in the city.

**Dr. Coffin on German Hospitals**—We clip the following from the Kansas City Times. As long as the information is really valuable, we should not begrudge Dr. Coffin the glory of having his name mentioned.

"One of the most striking things about the hospitals of Germany is the gradual disappearance of chloroform and ether as anaesthetics," said Dr. G. O. Coffin yesterday. Dr. Coffin recently returned from Germany, where he took a graduate course in surgery in hospitals there.

"The favorite anaesthetic in many German hospitals is stovaine. It is given to the patient by spinal injection and instantly affects all the nerves of the abdomen and lower limbs, leaving the patient perfectly conscious. The effects of the anaesthetic lasts about an hour. If the operation is very complex and requires a longer time, the patient is given chloroform and ether to continue the insensibility to pain.

"In other hospitals similar agents are used to produce anaesthesia, as novacain and alypin. The latter is in tablet form and is administered by first drawing off a small quantity of the spinal fluid in which a tablet is dissolved. This fluid is then used as a spinal injection. The novacain is in fluid form as stovaine and is injected directly.

"The German surgeons see only one drawback to these anaesthetic agents. They all leave the patient with a headache after they have been administered. They are, however, much preferred to chloroform or ether and are in general use.

"A comparison of the German and American hospitals?" That is hard to make. In Germany everyone goes to the hospital when ill except the very rich. The hospitals are built and maintained by the states and cities. They are very numerous and almost perfectly appointed in every respect. A hospital in Germany is operated as an Amer-

ican business house. Every patient's case is thoroughly diagnosed and placed on record. A post mortem is held over the bodies of those who die and the results are compared with the diagnosis. This elaborate system produces wonderful results and enables the physicians to improve greatly the treatment of all kinds of diseases."

"Our hospitals are much smaller and funds are lacking to carry on the extensive research that is customary among the German institutions. Nor do we have the elaborate record system of the Germans. The secret is money. The Germans have all the money they can use for hospital purposes.

"The new Virchow memorial hospital in Berlin is the most modern and complete institution of its kind in the world. It cost 20 million marks or 5 million dollars. The institution has an ice plant, a laundry and kitchen besides cold storage and fish rooms. These fish rooms contain tanks of water for the fish are brought alive to the hospital and killed when needed.

"The buildings are laid out along streets lined with parking and flower beds. The separate buildings allow the patients plenty of fresh air and the streets are as pretty as and similar to our Paseo. The other hospitals are built along similar lines."

**For Sale**—Practice and residence in town of 1000, on Santa Fe R. R. Near enough to large cities to make life worth living. Address the Journal office, Kansas City, Kansas, enclosing your note marked "No. 39."

**The Students of the University of Kansas** are forming an organization to be known as The University Hospital Association. Membership in the Association is to be secured by an annual fee of fifty cents. The benefits of the association go to the subscribers and consist of hospital facilities and nursing in the private hospitals of Lawrence. It is understood that physician's fees are not included, and only cases of serious illness where hospital attendance is recommended by a physician are to be provided for.

**D. V. V. Adamson** of Holton recently paid the Journal office an appreciated visit.

**Dr. Emley** of the medical school of the University of Kansas has arranged to give one hour each day during the current school year to free medical advice to students. The object of this arrangement is to prevent by early diagnosis illness that might imperil the life or permanent health of the student, or endanger the general health of the university.

**For Sale**—Well-established practice. No real estate, but few instruments. Town of 1700. Profession not overcrowded. Present occupant seeks a change of climate and wishes only a fair remuneration for his outfit and introduction. Write to "No. 40" at the Journal office, Kansas City, Kansas.

**Sparteine in Large Doses.**—When Dr. George E. Pettey called attention to sparteine sulph. (gr. 2 at a dose) I had a gentleman, aged sixty, never sick before and well preserved, who had an enlarged heart with mitral valve insufficiency. Could not sleep owing to suffocation and pain in chest nor walk any distance, as his breathing apparatus would give out. Had him on various heart remedies with little improvement. But sparteine in two-grain doses every three hours soon brought relief and in two weeks from first taking the remedy he went to work, his occupation being a grocery clerk. He still takes the remedy twice daily and feels no more of those suffocating sensations.—(

FUSCHER in Am. Jour. Clin. Med.

**A Physician** with a good Kansas location in a city of 1000 population wishes to exchange his \$3,000 residence and office building for property in some city in Kansas with population of 3500 to 6000. Address "No. 39," care of the Journal, Kansas City, Kansas.

**Proprietary Prostitution.**—Some time ago the Journal of the A. M. A. published a statement to the effect that most proprietaries, no matter how exclusively they have been presented to the medical profession at first, eventually became "patent" medicines, in the sense that they were later advertised directly to the public and encouraged self-medication. A very forcible example of just that very progress from the doctor and the medical journal to the general public and the lay publications has recently been furnished. Some few years ago, Mr. Alpers, one of the leading pharmacists of New York, became interested in guaiacol preparations and derivatives and produced a substance which he called "triacol" (Alpers). It was presented to the medical profession, and, we believe, found to have some merit. Doubtless it was sent around and a number of physicians "sampled." Doubtless, too, a number of hospitals received supplies of it and used it. It was advertised in some of the larger medical journals and was apparently, a perfectly ethical preparation. But now comes the sequel. Having developed a certain market in the medical profession, and having secured a certain market in the medical profession, and having secured a certain quasi-medical endorsement, the scheming proprietors, the Alpers Chemical Co., throw off the mantle of decency, and come before the public. In the last issue of one of the lay magazines (Ainslee's), appears the following advertisement:

" Physicians

prescribe Triacol (Alpers). Triacol (Alpers) has been accepted by physicians as the most certain approved remedial agents for the treatment and cure of diseases of the organs of respiration. Coughs, bron-



chitis, bronchial asthma, and other diseases of the respiratory organs promptly yield to the action of this scientific preparation. Triacol (Alpers) is not a patent. It is a strictly ethical preparation, extensively and successfully used in hospitals and in private medical practice. Interesting booklet sent on request, telling what Triacol (Alpers) has done and is doing to cure coughs, bronchitis, etc. Thousands of physicians approve Triacol and praise it. At all department stores and druggists. Price, \$1.00., express prepaid."

Now is not that nice? And Mr. Alpers stood for years as a leader in scientific pharmacy and his voice was listened to with respect in the deliberations of the American Pharmaceutical Association. Is it to laugh or to weep? (From California State Journal of Medicine).

**The Medical Association of the Southwest** was organized in Oklahoma City October 30, with an attendance of 100 to 150 physicians from Texas, Oklahoma, Kansas, Missouri and Arkansas. A constitution was adopted, making this association part of the scheme of the American Medical Association. Thus, to obtain entrance into this association, one must be member of the association in the state in which he lives. The officers are the usual president, vice-president, secretary and treasurer, with an executive council of three from each state (fifteen in all). At present, four sections are provided for—internal medicine, surgery, ophthalmology, and pathology. As far as we could observe, the meeting was more social and political, than scientific. Many men, however, firmly believe that the association will become one of the best working associations in this part of the country. The next meeting was chosen for Hot Springs, Arkansas, under the presidency of Dr. C. M. Rosser of Texas. From Kansas there were present Dr. W. F. Sawhill of Concordia; Dr. P. S. Mitchell of Iola; D. E. E. Liggett of Oswego; Doctors L. A. Fabrique, D. W. Basham, J. F. Gsell and C. E. Bowers of Wichita; Doctors George M. Gray, S. S. Glasscock and G. H. Hoxie of Kansas City; Doctors H. L. Alkire and R. S. Magee of Topeka; Dr. T. F. Concanon of Emporia and Dr. C. C. Goddard of Leavenworth. Our representatives among the officers for the coming year are: Vice-president for Kansas, Dr. W. F. Sawhill of Concordia and executive committeemen: Doctors George M. Gray, E. E. Liggett and C. E. Bowers.

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**Legislative Action: Important**—At a meeting of the legislative committee, it was deemed best to ask through the JOURNAL that any one having suggestions to make for betterment of medical law, to send same to the secretary of the committee, Dr. C. C. Goddard, Leavenworth, Kansas, at his earliest convenience.

### Methods of Working for New Members.

*My Dear Doctor Hoxie.*

This is the way we go after members in Cherokee County; a set of these circulars has been mailed to every eligible physician in the county and will be followed up until all have either joined or declared they will not come in.

We already have more than half of the total number registered in the county on our membership roll.

Very truly,

R. C. LOWDERMILK,

*Secretary.*

WHY YOU SHOULD BE A MEMBER OF THE

CHEROKEE COUNTY MEDICAL SOCIETY.

1st. You are benefited by a mutual exchange of ideas; and become better students thereby.

2nd. A better fraternal feeling is promoted between the different members of the profession, and we come to know each other, and when we meet in consultation or professionally we have a kindlier feeling toward our brother practitioner.

3rd. Your dues in the County Medical Society are \$3.00 per year. \$1.00 of this amount is kept by the County Society and \$2.00 pays the dues to the State Society. When you become a member of the County Society you are a member of the State Society, and also eligible to membership in the American Medical Association.

There are three successive steps, and first is the **County Society**—which is a component part of the State Society. The second is the State Society. The third and last step is the American Medical Association. But the County Society is the only door to enter these three organizations.

4th. We need you. We do not care what school of medicine you practice, so that you have a license from the State of Kansas, and practice medicine in the true sense of the word, and keep the profession on the high plane it should have in every community.

*My Dear Doctor:*

Here are a few reasons why you should be a member of The Cherokee County Medical Society; do you know any reason why you should not join? For three dollars you secure membership in both the County and State Societies for the rest of this and all of next year; you receive the Journal of The Kansas Medical Society for the same time; and you have your name entered in the Directory of The American Medical Association which will be used by Life Insurance and Railroad Companies in making their appointments. The Journal alone is well worth the price of all. Can you afford to stay out?

Fill the enclosed application blank and return to me with \$3.00, and I will do the rest.

**Do it now.**

R. C. LOWDERMILK,  
*Secretary*

P. S. Kindly acknowledge receipt of this letter at once even if you do not join now.

**A City Ordinance**—Here is another piece of evidence of the activity of our brethren in Ottawa. We are indebted to Dr. Haggart for the item:

**ORDINANCE No 646.**

An ordinance prohibiting the Free Distribution of Samples of Medicines, Drugs, Ointments, Pills, Powders and Pellets upon the Streets or from House to House in the City of Ottawa.

Be it ordained by the Mayor and Councilmen of the City of Ottawa:

Section 1. That no person, persons, company or corporation, personally or by agent or employees shall gratuitously distribute samples of medicines, drugs, ointments, pills powders, or pellets, from house to house, or on the streets, alleys or public places in the City of Ottawa, without procuring a license therefor. Provided, that no license therefor shall be issued unless the Secretary of the Board of Health of the city shall approve of the sample or samples, and the formula of the medicine, ointment, drug, powders, pills or pellets proposed to be distributed, and his approval certified by him shall first be filed with the City Clerk of said city; and for each license issued therefor, there shall be paid to the City Clerk a fee of \$5 per day for each person distributing. Distribution of any of said articles is hereby prohibited, and made subject to the penalty provided in the next section hereof; and provided that before such license shall be granted the applicant file with the city clerk a bond running to the people of the State of Kansas, in a penal sum of \$2,500 with sureties, to be approved by the Mayor, Clerk, and City Attorney—whose approval shall be endorsed thereon—conditioned that the person, firm or corporation distributing such samples shall pay all damages resulting to any person by reason of taking or using any of such samples.

Section 2. Any person, persons, company or corporation, his, her, their or its officers, agents or employes, who shall violate the provisions of Section 1 of this ordinance, on conviction thereof, shall be punished by a fine not exceeding Fifty Dollars (\$50.00) and costs.

Section 3. This ordinance shall take effect and be in full force from and after its passage, approval by the Mayor and legal publication.

Approved:

JOHN HALLOREN, Mayor.

Attest:

F. A. MARCELL, City Clerk.  
(SEAL.)

### NEW BOOKS.

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**Operative Gynecology** by Howard Kelly, Professor in Johns Hopkins University Baltimore; two volumes 680 and 656 pages, 43 chapters, 11 plates, 703 illustrations, the most of them by Max Broedel; royal 8vo; New York: 1906, D. APPLETON & COMPANY; price in cloth, \$15.00.

It is now nine years since the first edition of this work appeared and Dr. Kelly has thought it advisable to go over the entire work and bring it up to date. Inasmuch as this work has an international reputation as being the best text on this subject, we feel a great interest in the appearance of the new edition. We find that the plates from which the book has been printed are entirely new and that there are two hundred new illustrations. Several chapters have been added to make the book more popular in its scope. For instance, Dr. Kelly himself has added chapters on local and palliative treatment, displacements and pessaries, and menstruation and its anomalies. He has called on several of his assistants and associates to furnish additional chapters calling for special knowledge. For instance—W. W. Ford writes on bacteriology; F. H. Baetjer has a chapter on X-Ray and diagnosis; Dr. George Gellhorn writes on diseases of the hymen; G. W. Dobbin on inversion of the uterus; H. W. Cook on anesthesia; T. S. Cullen, whose work as an independent writer, on the anatomy and pathology of the genital tract, is beginning to be well known has prepared the work on the vaginal and Bartholin's glands; Dr. John A. Sampson, one of the younger men, has revised the work on abdominal extirpation of the cancer of the uterus; while Elizabeth Hurdon has written a new chapter on gynecological diseases of children.

To criticise the work, would be presumption on our part; therefore, we commend it to all of our members who take anything like an adequate interest in the subject of diseases of women. It is the standard book on that subject. The sumptuousness of its illustrations, especially the clearness with which the anatomical details are portrayed, makes it of great value even to the man who does not expect to operate. Naturally, there are many details of procedure which we would question; but, such disagreement regarding details is unavoidable in connection with a work which represents the personality and the characteristics of one man and one institution as this book does of Howard Kelly and Johns Hopkins. If the old edition found a warm reception throughout the United States, this edition demands an even warmer one.—G. H. H.



**A Text book of Human Physiology** by Dr. Robert Tigerstedt, Professor of Physiology in the University of Helsingfors, Finland. Translated from the Third German edition by John R. Murlin, A. M., Ph. D., Asst. Prof. of Physiology in the University and Bellevue Hospital Medical College, New York City, New York: D. APPLETON & Co., 1906; 8 vo, pp. 751—305 illustrations, cloth.

A thoroughly modern book, embodying in the English, only the more practical of the considerations given in the German. The work, (in English), has been edited with the view of meeting the requirements of our second year medical students.

Prof. Lusk, in his introduction, says that Tigerstedt's discussion of the circulation is unrivalled, and that his chapter on metabolism is the most complete in any language.

This book will prove a godsend to those who know only Kirke's Handbook. Since, as a recent writer in our **Journal** stated, the most important book on a doctor's shelves is that on physiology, we have a right to demand an up-to-dateness in any text seeking admission to our library. Following out this thought, your reviewer has dipped into many different parts of this work,—and in no case has he been disappointed.

The book is also helpful for general reading in that it does not degenerate into a mere laboratory manual,—but simply states the character of the various experiments and their results. We hope that this is a sign that experiments for experiment's sake are passing, and that students will be allowed to put their entire attention to learning the facts without—at the cost of four or five times the amount of energy needed to learn the lessons taught—having to drone away their time on the technic of experiments.—G. H. H.

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**Clinical Bacteriology and Hematology for Practitioners** by W. D'ESTE EMERY, M. D., B. Sc., Lond., being the second edition of "A Handbook of Bacteriological Diagnosis for Practitioners." Philadelphia, P. BLAKISTON'S, SON & Co., 1906. Cloth, 8 vo. pp. 240.

Dr. Hall, the pathologist of the State University, says that this is the best small book that he has seen. This ought to be praise enough.

The book contains ten very good plates containing some sixty figures and photomicrographs. Besides this, the book is well supplied with text illustrations.

The book is intended for practitioners,—especially those whose foundation in pathology is weak—to be used as a simple guide in everyday practice. It would enable the ambitious practitioner to establish his own little laboratory and do the most of his own clinical pathology.

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**Eczema:** A consideration of its course, diagnosis, and the treatment, embracing many points of practical importance, and containing 146 prescriptions illustrating

dosage in local applications,—by SAMUEL HORTON BROWN, M. D., Assistant Dermatologist to the Philadelphia Hospital, Philadelphia: P. BLAKISTON'S SON & CO., 1906; Pp. 105, cloth small 8vo.

The title page quoted above states the scope of the brochure. The etiology of eczema is not elucidated and the author seems to think that he has fulfilled his mission when he has given all the possible methods of local treatment.—G. H. H.

**Diseases of the Digestive System.**—Edited by FRANK BILLINGS, M. D., of Chicago, one of a series of volumes translated from "Die Deutsche Klinik," under the supervision of JULIUS L. SALINGER, M. D., of Philadelphia: Cloth 8vo. pp. 824, Forty-five illustrations in the text. New York: 1906, D. APPLETON & CO.

The authors of the articles in this volume are:

- Th. Rosenheim**, Berlin: Stenosis of the Oesophagus.
- W. Fleiner**, Heidelberg: 1. History and Clinical Indications of Gastric Lavage. 2. Diarrhoea, intestinal catarrh, and tuberculosis.
- H. Leo**, Bonn: Functional diseases of the stomach.
- H. Strauss**, Berlin: The diagnostic and therapeutic significance of secretory disturbances of the stomach.
- F. Riegel**, Giessen: Diagnosis and treatment of gastric dilatation.
- C. A. Ewald**, Berlin: Gastric ulcer and gastric hemorrhage.
- J. Boas**, Berlin: 1. Gastric and intestinal carcinomata.
- 2. Constipation and hemorrhoids.
- F. Hirschfeld**, Berlin: Displacements of the abdominal viscera and of the heart.
- L. Oser**, Vienna: Symptomatology of diseases of the pancreas.
- O. Muskowski**, Cologne: Jaundice and hepatic insufficiency.
- E. Stadelmann**, Berlin: Echinococcus of the liver.
- E. Neusser**, Vienna: Gallstones.
- O. Vierordt** Heidelberg: Diffuse and circumscribed peritonitis.
- J. Boas**, Berlin: Chronic perityphlitis.
- J. Strasburger**, Bonn: Examination of the feces.
- G. Hoppe-Seyler**, Kiel: Mucous colic and membranous intestinal catarrh.

**H. Nothnagel**, Vienna: Intestinal constriction and occlusion.

The foregoing gives a rather good idea of the contents of this volume. We have already reviewed a previous volume in this series,—and our general statements there as to the scope of the work and its scholarship apply here also. The book is of course European in its standpoint and therefore to be looked to only for help in the elucidation of general principles rather than for the statement of definite rules of procedure applicable to American conditions. It is remarkable how little the American editor has done to the work; he could not have done less.

We almost question his right to place his name on the volume as "editor." If the book had only been really edited and adapted to American conditions—such as the American diet and habits of life—it would have proven a boon to every thoughtful practitioner. As it is, it will interest only those who seek to go below the surface and everyday needs and who will therefore take the trouble to translate German regulations into American terms.

Strasburger's test diet proposition has already been brought before the American profession in a brochure previously reviewed in the **Journal**. We believe, however, that the matter is better presented here than in the brochure.—G. H. H.

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**How to Suppress a Malpractice Suit.**—While only the first, seventh and eighth chapters deal with the title of the book, the other chapters are interesting reading. Many valuable points in law are stated clearly and many helpful suggestions are given not only as to means of dealing with the dissatisfied patient, but also how to suppress the doctor usually instigating the trouble. The chapters on compulsory exhibition in personal injury cases deal with the laws in the various states. The book is well worth the price.—MARION PUB. CO., Marion, Ill., \$1.50.—S. C. E.

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**Poker Jim.**—A book of short stories by Frank Lydston, M. D. All the stories are interesting, except one—My Friend the Undertaker—which is a painful attempt at humor. There are many side thoughts which are both instructive and interesting. Many a young man might profit by careful reading of The Wise Child—an illustration of the effects of a social sin transmitted from father to child,—MONARCH CO., Chicago, Ill.—S. C. E.

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**Clinical Diagnosis.**—A text-book of clinical microscopy for medical students, laboratory workers and practitioners of medicine by CHARLES PHILLIPS EMERSON, A. B., M. D., Resident Physician, Johns Hopkins Hospital, Associate in Medicine, Johns Hopkins University. Cloth, 8vo, 641 pages, five plates, 126 illustrations, Philadelphia, 1906, J. B. LIPPINCOTT COMPANY.

This book differs from the many on this subject in that it takes the standpoint of the clinician rather than that of the laboratory worker; therefore, it discusses the subjects from the standpoint of his interpretation of the various laboratory phenomena rather than from the standpoint of the technical worker. This renders the book specially servicable to practitioners and older students who have already learned their laboratory technique,

To us, the book is especially interesting because it throws strong



light on the methods of work in the Johns Hopkins University. In the author's preface, he describes in considerable detail his method of teaching this subject, as follows:

"Our course in clinical microscopy and chemistry extends over the eight months of the student's third year; two afternoons of three hours, and one of one hour, each week, but much of the work is done out of class hours. The subjects studied are the clinical examination of the blood, urine, sputum, stomach contents, faeces, and various fluids, as ascitic, pleural, cerebrospinal, cyst contents, etc. In addition to this the student follows cases assigned him in the out-patient department. To those fitted for such work, simple problems of research are given. The course is a laboratory one; specimens are provided each of the students. It is needless to say that with the eighty microscopes focussed on eighty specimens of a patient's blood, sputum, etc., the most of the interesting cells to other features will be found. The best are drawn by an artist always within call. The questions discussed in the following pages are for the most part those asked by the students during the class-work. The object of this course is not so much to impart knowledge as to raise the efficiency of the student. It is not a course in chemistry, and microscopy, but in these applied to the study of a patient; not in physiology but in pathology. With the methods of chemical and biological work, with the normal findings, they are already familiar. Chemistry, inorganic, qualitative and quantitative, is required for admission to the school; the normal blood they have studied in the anatomical laboratory; normal urine and gastric contents, in the laboratory of physiological chemistry. We take this knowledge for granted as a foundation for the study of pathological bloods, urines, etc., paying particular attention to the clinical significance of these findings. At the same time the students are required to practise the best methods in every-day use, not only until they understand them, but until they can accurately use them. It is the practical use of a determination or examination which is emphasised. If approximate methods will do, they are used; if accurate methods are necessary, accurate work must be done, whatever the cost in time. To use an approximate method well, is far better than to employ a more exact, laborious one poorly; to do approximate work is not always easy and requires practice; to be able to do accurate work well is also required of our students. Practice, experience, an exact knowledge, first of the possibilities in a method, second, and just as important, his own accuracy in the use of that method—these, it is the duty of a clinical laboratory to give a student. Above all, he should train his common sense, so that, using his eyes, nose, ears, and tongue, he can get results for which another man would apply elaborate methods."

Further on, he has this to say about the function of the clinical laboratory worker:

"The function of the clinical laboratory worker is to aid the ward worker. The findings of the former are seldom conclusive, and must be interpreted in the light of the ward findings; especially is this true now that functional diagnosis is the goal. The writer can only give to the reader who has aspirations to be a clinical chemist and microscopist the advice in substance which one of Germany's greatest clinical chemists gave him when the latter regretfully left the little Swiss laboratory which had been such a pleasant home: the clinical chemist must be first a good clinician and second a chemist; he should remember that even from the laboratory point of view his stethoscope is of more importance than his microscope, his percussion finger than his whole outfit of chemical apparatus."—



A matter which would be of great interest to us in Kansas who are just beginning to appreciate the value of these workers.

I wish to quote also the following regarding the training of workers for blood counting:

“Our rule for training the third year men is as follows: They are to use this method until they consider themselves fairly proficient. They then count the blood of one case, usually their own, daily at the same hour on each day until the difference between two successive days is not 200,000 cells and the difference between the highest and lowest of the eight units for each day is not over twenty-five cells (a good counter will often have a difference of only thirteen or fourteen cells). Two hundred thousand cells means that we permit a difference of 4 per cent. We choose this figure not because 4 per cent represents the error in counting, but to make due allowance for daily variations which certainly occur, and because if the two counts vary by no more than this, we are sure that the error due to counting alone is less than two per cent. Some students attain this quickly. We have known of students, however, who must repeat this from twenty or thirty, even sixty times before their work was satisfactory to themselves, or to us. At the end of this time, they are very certain to learn wherein lies the error in their technique. It is of interest that very often it is because they are too particular and take too much time in certain steps of their work. If the reader considers that it must be an awkward man who would take thirty days to attain this accuracy, we can only say that those alone who have tested their own accuracy know how inaccurate they can be and that some of the least successful are surprised to find it out.

Our students are seldom guilty of reporting “rises” or “falls” of 100,000 cells, nor do they ever report a count of 4,750,000. The student who is able to conform to his rule has confidence in his technique, a confidence which is usually earned by work. He has discovered his error if any has existed, and has learned to save himself considerable eye-strain, for we know in clinical microscopy of no task more wearisome than the counting of a large number of units. Blood-counting requires considerable practice. Even the good workers, after a vacation of a few weeks, find that it is necessary to make trials once or twice before they are ready again for accurate work.”

The illustrations are excellent, being made by the regular staff of the Johns Hopkins University. The standpoint is decidedly Osleresque. For all these reasons, we bespeak the book a warm reception, especially among those men who seek to understand thoroughly the principles upon which they are working.

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**Reprints Received.**—The Surgical Clinic of Today; its Status and Methods of Teaching, by N. SENN, M. D., Chicago.

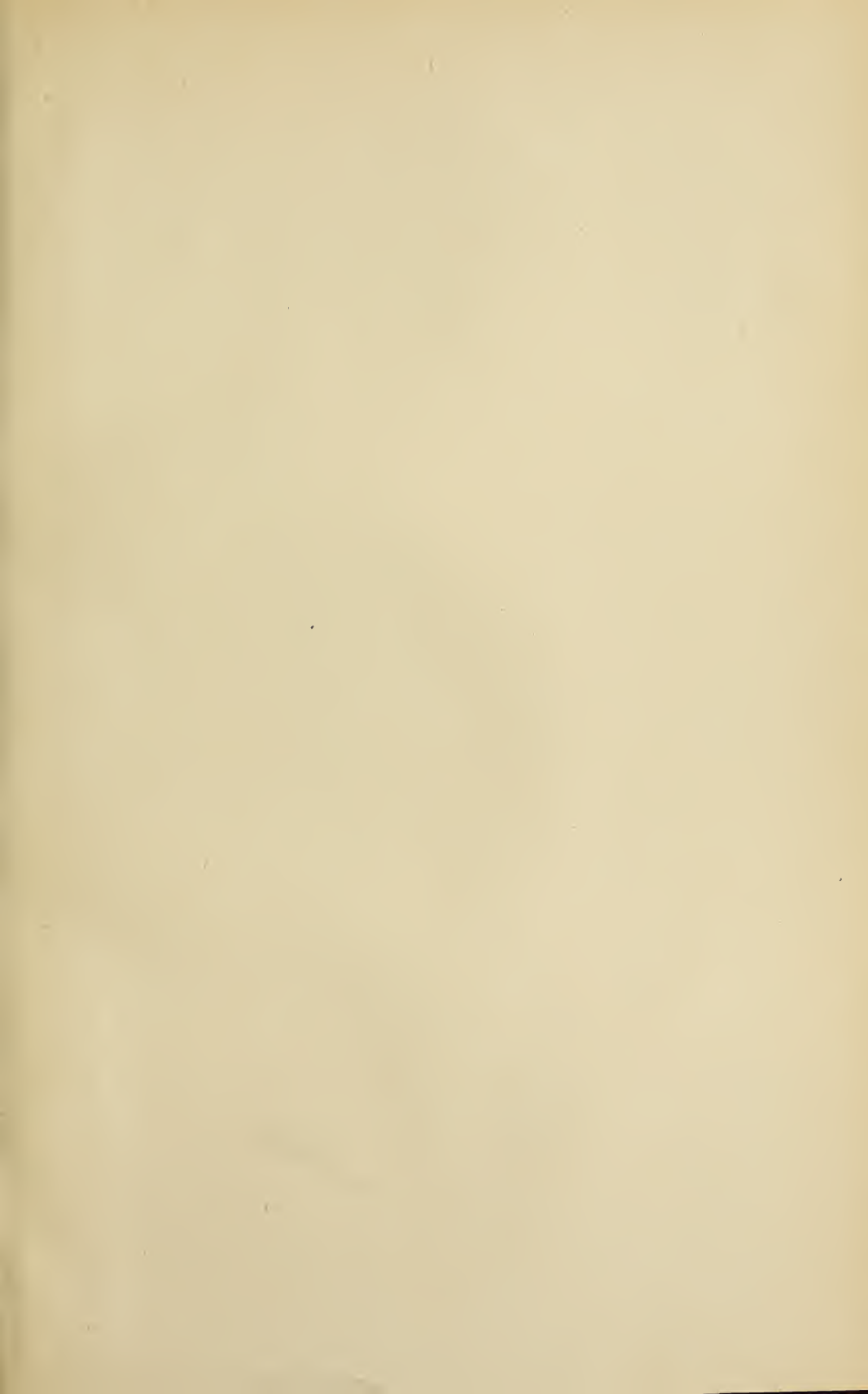
A Plea for the International Study of Carcinoma,—N. SENN, M. D.

The Needs and Advantages of an International Congress of Military Surgeons, by N. SENN, M. D., Chicago.

First Aid on the Battlefield, by COL. N. SENN, Chicago.











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